Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Res	ponsible for Re	eimbursing the	Contract		County	1	Legal Entity
High School or K-12 Dis	strict Responsit	ble for Reimbu	rsing the Cont	ract	County		Legal Entity
Custer County H	S				Custer		0192
Is this contract share □ yes □ no	d between el	ementary an	d high school	ol?			
Are you applying for (If yes, please attach			□ No		Student Name	School	Grade
ISOLATION: Section 2 rates for special circums increased rates, individu trustees of the district, ti	stances of isola ual circumstanc ne county trans	ation of resident ces must be re- sportation com-	ce. In order to viewed and appointed and the	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10.7 Check here only if incre District Trustees and the	ased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	-		tials		Student Name	School	Grade
HS District Approval County Approval		□ no			THIS CONTRACT IS F	OR:	
Parent or Guardian N	lame: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Amy Kelstrap Physical Address (str	root addroos	only):			Pre-kindergarten/Kinde		
Filysical Address (st	eet address	Offig).			1st Semester OnlyKINDERGARTEN/PRE		y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for on	HS 14 to nearest bu HS 0	·			by this contract: To or from Bus Stop To or from School Kindergarten child rid	times per day,times per day,times per day,es without other scho	days per week days per week days per week ol-age students: days per week days per week days per week
Students in Each Grade Lev	, ,	the students to b	e covered by thi	is contract.	Deadlines: PARENTS: Due to Sch	and Clark hora 4	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina		y 1, retain a copy for your
Regular Trans					files.	NDENTS: Condiction	Lto ODI by July 10, rotoin a
Spec. Ed. Trans					copy for your files.	NDEN 13: Send ongina	I to OPI by July 10, retain a
Room & Board						EIMBURSEMENT RA	
Correspondence						·	
Reg. Contingency Spec. Ed. Contin.					Reimb	oursement rate is detern 20-10-142, MCA.	nined by
opec. Lu. contin.							
Agreement between	parent (parei	nt name)			, and school district (dis	trict name)	
insured driver will tra 2. In March and June, transported for the p 3. The payment shall be	sport or provide to ansport the studer the District shall p ast semester. e computed on the	nts. Mileage compay the parent the	the student(s) to tracts are valid of e sum officially a hedule establish	o and from the school only when transportati pproved in the applicated in Section 20-10-	fter referred to as the District(s) I or bus stop on the days when school is i on for the distance reported on the contration upon certification by the teacher or partial to the contration accompanier enrolled in school, whichever occurs fire	n session. The parent or guard act actually occurs. orincipal of the school of the nultying this contract.	
Elementary School D			rd of Truste				Date
High School District Custer County H S		Chair, Boa	rd of Truste	es			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or 0	Guardian					Date	

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620				School Year 2005- 2000 se to School Clerk June	_	
Elementary District Res			Contract		County		Legal Entity
High School or K-12 Dis	•	ole for Reimbu	rsing the Cont	tract	County		Legal Entity
Custer County H					Custer		0192
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?			
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation)	1	□ No	mbursamant	Student Name	School	Grade
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7)	stances of isola ual circumstand he county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appropriate of the contract of the	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and the	ased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval HS District Approval		Ini □ no □ no	itials		Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRACT Grades 1-12	'IS FOR:	
Parent or Guardian N	Name: (Pleas	e Print)				only	ly Both Semesters
Cassie & Bill Eric Physical Address (st		only):			Pre-kindergarten/k	Kindergarten only □ 2nd Semester Or	aly ☐ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for on Students in Each Grade Letter Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	to nearest so HS 55 to nearest bu HS 0 e-way only	thool (one wa	y (one way)	is contract. 9-12 Total	KINDERGARTEN Kindergarten chi by this contract: To or from Bus Str To or from School Kindergarten chi To or from Bus Str To or from School Deadlines: PARENTS: Due to CLERKS: Send of files. COUNTY SUPER copy for your files.	/PREKINDERGARTEN: Id rides with other school- pp times per day, times per day, Id rides without other school- pp times per day, times per day, o School Clerk June 1. priginal to County Supt by Juniterior Send origin	days per week days per week days per week ool-age students: days per week lily 1, retain a copy for your al to OPI by July 10, retain a
insured driver will tra 2. In March and June, transported for the p 3. The payment shall be	s: nsport or provide the ansport the stude: the District shall properties and the past semester. the computed on the perminate at the er	transportation for nts. Mileage cor nay the parent the ne basis of the so nd of the school of	r the student(s) to stracts are valid of e sum officially a chedule establish	o and from the school only when transportati ipproved in the applica- ned in Section 20-10-1 student(s) is no longer	on for the distance reported on the	rict(s). nool is in session. The parent or gual e contract actually occurs. her or principal of the school of the n companying this contract.	
High School District		,	ard of Truste				Date
Custer County H S		Chair, Boo	and or music				Date
			I attes	t that the above	information is true and co		
Signature - Parent or (Guardian					Date	

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620				School Year 2005- 200 ie to School Clerk Jur		
Elementary District Res			Contract		County		Legal Entity
High School or K-12 Dis	•	ole for Reimbu	irsing the Conf	tract	County		Legal Entity
Custer County H					Custer		0192
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?			
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation))	□ No	mhursement	Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	ation of resider ces must be re sportation com	nce. In order to eviewed and appropriate in the property and the evited in the property and the property a	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval HS District Approval		In □ no □ no	itials		Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRAC Grades 1-12	T IS FOR:	
Parent or Guardian I	Name: (Pleas	e Print)				Only 2nd Semester	Only Both Semesters
Charles Bumgar Physical Address (st		only):			Pre-kindergarten ☐ 1st Semester	/Kindergarten Only □ 2nd Semester (Only Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 26 to nearest bu HS 0 ne-way only	us stop, if an	y (one way)	is contract. 9-12 Total	KINDERGARTE Kindergarten ch by this contract To or from Bus S To or from School Kindergarten ch To or from Bus S To or from School Deadlines: PARENTS: Due CLERKS: Send files. COUNTY SUPEI copy for your file	N/PREKINDERGARTEN: nild rides with other scho :: top times per da ol times per da nild rides without other sc top times per da ol to School Clerk June 1. original to County Supt by RINTENDENTS: Send original	ol-age students also covered y, days per week y, days per week chool-age students: y, days per week y, days per week July 1, retain a copy for your ginal to OPI by July 10, retain a RATE OPI use only)
insured driver will tr. In March and June, transported for the payment shall the This contract shall the shall the transported for the payment shall the payment	s: nsport or provide ansport the stude the District shall p aast semester. be computed on the erminate at the er	transportation fo nts. Mileage cor nay the parent th ne basis of the si nd of the school	r the student(s) to htracts are valid of e sum officially a chedule establish year or when the	o and from the school only when transportati ipproved in the applica- ned in Section 20-10-1 student(s) is no longer	iter referred to as the Distriction or bus stop on the days when son for the distance reported on the distance reported o	chool is in session. The parent or g the contract actually occurs. acher or principal of the school of the accompanying this contract.	uardian assures that a licensed and e number of days the student(s) was
Elementary School D	ภรแเซเ	,	ard of Truste				Date
High School District Custer County H S		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and o	correct.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			chool Year 2005- 200 e to School Clerk Jun		
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	•	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Custer County I				10	Custer		0192
Is this contract shar ☐ yes ☐ no	ed between e	lementary an	d nigh scho	Ol?			
Are you applying fo (If yes, please attact ISOLATION: Section	h explanation)	□ No	mbursament	Student Name	School	Grade
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	nstances of isolo dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if inconstruct Trustees and t	reased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval		□ no	tials 		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT	T IS FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester (Only □ 2nd Semester Onl	y Both Semesters
Corina R. Berry Physical Address (s	street address	only):			Pre-kindergarten/ □ 1st Semester (Kindergarten Only □ 2nd Semester Onl	y □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade L Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 4.7 e to nearest but HS 0 ene-way only evel - Only include Pre-K Total	the students to b	y (one way)	is contract. 9-12 Total	Kindergarten chi by this contract: To or from Bus St To or from Schoo Kindergarten chi To or from Bus St To or from Schoo Deadlines: PARENTS: Due CLERKS: Send of files. COUNTY SUPER copy for your files (Fe	times per day, to School Clerk June 1. Toriginal to County Supt by July to School Clerk June 1. REIMBURSEMENT Roor district, county and OPI Reimbursement rate is determed 20-10-142, MCA.	days per week days per week ool-age students: days per week y 1, retain a copy for your al to OPI by July 10, retain a
insured driver will In March and June transported for the The payment shall This contract shall	ws: ansport or provide transport the stude , the District shall past semester. I be computed on to	transportation for nts. Mileage con pay the parent the ne basis of the so nd of the school y	the student(s) t tracts are valid t e sum officially a chedule establisl year or when the	o and from the school only when transportation opproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred to as the Disor or bus stop on the days when so on for the distance reported on the	trict(s). chool is in session. The parent or guarded to contract actually occurs, cher or principal of the school of the nucessimpanying this contract.	mber of days the student(s) was
Elementary School		Chair, Boa	ard of Truste	es			Date
High School District Custer County H S	t	Chair, Boa	ard of Truste	es			Date
			I attes	t that the above i	nformation is true and co	orrect.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Res	ponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 Dis	strict Responsib	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Custer County H	S				Custer		0192
Is this contract share ☐ yes ☐ no	d between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attach	explanation)		□ No		Student Name	School	Grade
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7)	stances of isola ual circumstanc he county trans	ation of resider ces must be re sportation com	nce. In order to viewed and a mittee, and th	to receive pproved by the	Student Name	School	Grade
Check here only if incre District Trustees and the	ased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval		□ no	tials		Student Name	School	Grade
	□ yes	□ no □ no			THIS CONTRACT IS FOR	OR:	
Parent or Guardian N	lame: (Pleas	e Print)			☐ 1st Semester Only	□ 2nd Semester On	ly Both Semesters
Dan Bidwell Physical Address (str	root addraga	only):			Pre-kindergarten/Kinde		
Physical Address (sti	reet address	orliy).			1st Semester OnlyKINDERGARTEN/PRE		ly Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 49	`			by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day, times per day, es <u>without</u> other scho	days per week days per week days per week col-age students: days per week days per week days per week days per week
☐ Contract is for on	, ,	the etudente to b	an anyonad by th	io controct	Deadlines:		
Students in Each Grade Lev					PARENTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origination files.	ıl to County Supt by Ju	ly 1, retain a copy for your
Regular Trans Spec. Ed. Trans						NDENTS: Send origina	al to OPI by July 10, retain a
'					copy for your files.		ATE
Room & Board Correspondence						EIMBURSEMENT R trict, county and OP	
Reg. Contingency					Reimb	ursement rate is deter	mined by
Spec. Ed. Contin.						20-10-142, MCA.	, and the second
	1	- 1					
Agreement between	parent (parer	nt name)			, and school district (dis	rict name)	,
(county name) The parties agree as follows	S:			County, hereinat	fter referred to as the District(s)		
insured driver will tra	ansport the studer	nts. Mileage con	tracts are valid	only when transportati	or bus stop on the days when school is i	ct actually occurs.	
transported for the p	ast semester.		•		ation upon certification by the teacher or p 142, MCA, and the information accompan	•	umber of days the student(s) was
	erminate at the en	d of the school y		student(s) is no longe	er enrolled in school, whichever occurs fir		Date
High School District Custer County H S		,	ard of Truste				Date
Suster County 11 S			I attes	t that the above	information is true and correct.		<u> </u>
Signature - Parent or 0	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		County	1	Legal Entity
High School or K-12 Di	strict Responsil	ole for Reimbu	rsing the Conf	tract	County		Legal Entity
Custer County F	ł S				Custer		0192
Is this contract share □ yes □ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attacl	n explanation)	1	□ No		Student Name	School	Grade
rates for special circum increased rates, individual trustees of the district.	nstances of isola lual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the mittee, and the mittee, and the mittee, and the mittee.	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10.7) Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	-		tials		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Kristi Plant Physical Address (s	treet address	only):			Pre-kindergarten/Kinder		- 5 4 6
Filysical Address (s	ireet address	Offig).			□ 1st Semester Only KINDERGARTEN/PRE	·	y □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or	HS 0 to nearest bu HS 18	`			by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,es without other schooltimes per day,	days per week days per week ol-age students: days per week days per week days per week days per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by th	is contract.	Deadlines: PARENTS: Due to Sch	and Clark June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina		/ 1, retain a copy for your
Regular Trans					files.	UDENTS: Condesigne	Lto ODI by July 10, rotoin a
Spec. Ed. Trans					copy for your files.	NDENTS. Send origina	I to OPI by July 10, retain a
Room & Board					RI	EIMBURSEMENT RA	
Correspondence Reg.							
Contingency Spec. Ed. Contin.					Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Agreement between	parent (pare	nt name)			, and school district (dist	rict name)	
insured driver will to 2. In March and June, transported for the 3. The payment shall	nsport or provide ransport the stude the District shall p past semester. be computed on the ransport of the the student be computed on the ransport or provide the student the student the stude the District shall p past semester.	nts. Mileage con pay the parent the	the student(s) to stracts are valid of e sum officially a chedule establish	o and from the schoo only when transportat approved in the applic ned in Section 20-10-	fter referred to as the District(s) of or bus stop on the days when school is in tion for the distance reported on the contra- tation upon certification by the teacher or pu- 142, MCA, and the information accompan ter enrolled in school, whichever occurs fire	n session. The parent or guard ct actually occurs. vincipal of the school of the nur ying this contract.	
Elementary School I		Chair, Boa	ard of Truste	es			Date
High School District Custer County H S		Chair, Boa	ard of Truste	es			Date
			l attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 202501 Helena, MT 5962	0-2501		e to School Clerk June 1		
Elementary District Responsible for R			County		Legal Entity
High School or K-12 District Respons	ible for Reimbursing the C	ontract	County		Legal Entity
Custer County H S			Custer		0192
Is this contract shared between e ☐ yes ☐ no	elementary and high scl	nool?			
Are you applying for isolation sta (If yes, please attach explanation	1)		Student Name	School	Grade
ISOLATION: Section 20-10-142, MC rates for special circumstances of iso increased rates, individual circumstar trustees of the district, the county trar Public Instruction. (10.7.116 ARM pro	lation of residence. In ordences must be reviewed and asportation committee, and	er to receive approved by the the Office of	Student Name	School	Grade
Check here only if increased paymen District Trustees and the County Tran	t due to isolation has been		Student Name	School	Grade
Elem District Approval	Initials		Student Name	School	Grade
HS District Approval ☐ yes County Approval ☐ yes	□ no		THIS CONTRACT IS F	OR:	
Parent or Guardian Name: (Pleas	se Print)		Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester On	ly Both Semesters
Marjorie Anderson Physical Address (street address	s only):		Pre-kindergarten/Kinder		ly □ Both Semesters
			KINDERGARTEN/PRE		•
Distance from home to nearest s Elementary 0 HS 43 Distance from home to nearest b Elementary 0 HS 0		y)	by this contract: To or from Bus Stop To or from School Kindergarten child rid	times per day, times per day, times per day, es without other scho	days per week days per week days per week col-age students: days per week days per week days per week
□ Contract is for one-way only				times per day, _	days per week
Students in Each Grade Level - Only include	e the students to be covered by	this contract.	<u>Deadlines:</u> PARENTS: Due to Sch	ool Clerk June 1.	
Pre-K Total	K 1-8 Total Total	9-12 Total			ly 1, retain a copy for your
Regular Trans				NDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans			copy for your files.		
Room & Board Correspondence			RI	EIMBURSEMENT R trict, county and OPI	
Reg.					
Contingency Spec. Ed. Contin.			Reimb	ursement rate is detern 20-10-142, MCA.	mined by
'					
Agreement between parent (pare	ant nama)		and ashaal district (dist	riet neme)	
	ent name)			,	······································
(county name) The parties agree as follows:		_ ,,	ter referred to as the District(s)		dian array that a lisaarad and
insured driver will transport the stude	ents. Mileage contracts are val	id only when transportation	or bus stop on the days when school is in on for the distance reported on the contra ation upon certification by the teacher or p	ct actually occurs.	
transported for the past semester. 3. The payment shall be computed on	the basis of the schedule estab	lished in Section 20-10-1	42, MCA, and the information accompan	ying this contract.	amber of days are student(s) was
4. This contract shall terminate at the elementary School District	chair, Board of Trus		er enrolled in school, whichever occurs fir	st.	Date
High School District Custer County H S	Chair, Board of Trus	stees			Date
Oublet County ITO	l att	est that the above i	information is true and correct.		l
Signature - Parent or Guardian				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Res	ponsible for Re	eimbursing the	Contract		County	1	Legal Entity
High School or K-12 Dis	strict Responsit	ble for Reimbu	rsing the Conf	tract	County		Legal Entity
Custer County H	S				Custer		0192
Is this contract share □ yes □ no	d between el	ementary an	d high school	ol?			
Are you applying for (If yes, please attach	explanation))	□ No		Student Name	School	Grade
rates for special circums increased rates, individu trustees of the district, the state of the district, the state of the	stances of isola ual circumstanc ne county trans	ation of resident ces must be resportation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10.7 Check here only if incre District Trustees and the	ased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	-		itials		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian N	lame: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Mary Ketchum Physical Address (str	root addross	only):			Pre-kindergarten/Kinder		
Filysical Address (st	eet address	Offig).			 1st Semester Only KINDERGARTEN/PRE 		y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for on	HS 18 to nearest bu HS 0	·			by this contract: To or from Bus Stop To or from School Kindergarten child rid	times per day,times per day,times per day,	days per week days per week days per week ol-age students: days per week days per week days per week days per week
Students in Each Grade Lev	vel - Only include	the students to b	e covered by thi	is contract.	Deadlines: PARENTS: Due to Sch	and Clark June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina		y 1, retain a copy for your
Regular Trans					files.	UDENTS: Cond origina	I to ODI by July 10, rotoin a
Spec. Ed. Trans					copy for your files.	NDENTS: Send ongma	I to OPI by July 10, retain a
Room & Board					RI	EIMBURSEMENT RA	
Correspondence Reg.							
Contingency Spec. Ed. Contin.					Reimb	ursement rate is detern 20-10-142, MCA.	nined by
opeo. Ed. contin.							
Agreement between	parent (parei	nt name)			, and school district (dist	rict name)	,,
insured driver will tra 2. In March and June, transported for the p 3. The payment shall be	sport or provide to ansport the studer the District shall p ast semester. e computed on the	nts. Mileage con pay the parent the ne basis of the so	the student(s) to stracts are valid of e sum officially a chedule establish	o and from the schoo only when transportat approved in the applicated in Section 20-10-	fter referred to as the District(s) I or bus stop on the days when school is in ion for the distance reported on the contra ation upon certification by the teacher or pure 142, MCA, and the information accompaner enrolled in school, whichever occurs fire	n session. The parent or guard ct actually occurs. vincipal of the school of the nur ying this contract.	
Elementary School D			ard of Truste				Date
High School District Custer County H S		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or 0	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	0-2501			School Year 2 ie to School (
Elementary District Re			Contract		Co	ounty		Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	Co	ounty		Legal Entity
Custer County I	H S				С	uster		0192
Is this contract shar ☐ yes ☐ no	red between e	lementary ar	nd high scho	ol?				
Are you applying fo	h explanation)	□ No		Student	Name	School	Grade
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10.	ation of resider ces must be re sportation com	nce. In order to eviewed and application.	to receive pproved by the	Student	Name	School	Grade	
Check here only if incomplistrict Trustees and t	due to isolation	n has been ap	oproved by the	Student	Name	School	Grade	
Elem District Approval	□ yes	In □ no	itials		Student	Name	School	Grade
HS District Approval County Approval		□ no				ONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	se Print)			Grades □ 1st S		□ 2nd Semester Onl	y Both Semesters
Mary Weimer Physical Address (s	only):				dergarten/Kinder semester Only	rgarten □ 2nd Semester Onl	y □ Both Semesters	
						-	KINDERGARTEN:	,
Distance from home Elementary 0 Distance from home Elementary 0	HS 6.5 e to nearest b HS 0	·	• /		by this To or fro To or fro Kindero	contract: om Bus Stop om School garten child ride	times per day,times per day,times per day, _es without other scho	days per week days per week days per week ol-age students: days per week days per week days per week days per week
☐ Contract is for o		the students to	a a a carrad by the	in contract	Deadl			
Students in Each Grade L					PAREN	TS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERK files.	S: Send origina	I to County Supt by Jul	y 1, retain a copy for your
Regular Trans Spec. Ed. Trans						Y SUPERINTEN your files.	NDENTS: Send origina	al to OPI by July 10, retain a
·					сору ю			ATE
Room & Board Correspondence							EIMBURSEMENT RA trict, county and OPI	
Reg.						Doimh	uraamant rata ia datarr	ningd by
Contingency Spec. Ed. Contin.						Reillib	ursement rate is deterr 20-10-142, MCA.	Timed by
Agreement between	n parent (pare	nt name)	· · · · · · · · · · · · · · · · · · ·		, and sc	hool district (dist	rict name)	······································
(county name)				County, hereinaf	ter referred to	as the District(s)		
	ansport or provide							lian assures that a licensed and
In March and June	, the District shall	ents. Mileage cor pay the parent th	ntracts are valid on e sum officially a	only when transportation only when transportation on the application of the application o	on for the distance ration upon certification	eported on the contra on by the teacher or p	ct actually occurs. principal of the school of the nu	mber of days the student(s) was
transported for the 3. The payment shall 4 This contract shall	be computed on t	he basis of the s	chedule establish	hed in Section 20-10-1	142, MCA, and the in	nformation accompany	ying this contract.	
Elementary School			ard of Truste	e student(s) is no longe ees	a enioned in School	, withchever occurs firs	ol.	Date
High School District Custer County H S	t	Chair, Boa	ard of Truste	ees				Date
			I attes	t that the above i	information is t	rue and correct.		
Signature - Parent or	Guardian						Date	

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Address, City, Zip Code

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Co	nt	ro	^ +	-

PO Box 20250 Helena, MT 59	1		School Year 2005- 2006 Due to School Clerk June 1	
Elementary District Responsible for	or Reimbursing the Cor	ntract	County	Legal Entity
High School or K-12 District Resp	onsible for Reimbursing	g the Contract	County	Legal Entity
Custer County H S			Custer	0192
Is this contract shared between □ yes □ no	en elementary and h	igh school?		
Are you applying for isolation (If yes, please attach explana ISOLATION: Section 20-10-142,	tion)	□ No	Student Name School	Grade
rates for special circumstances of increased rates, individual circumtrustees of the district, the county Public Instruction. (10.7.116 ARM	isolation of residence. stances must be review transportation committe	In order to receive yed and approved by thee, and the Office of	Student Name School	Grade
Check here only if increased payr District Trustees and the County	nent due to isolation ha	s been approved by th	Student Name School	Grade
Elem District Approval ☐ yes HS District Approval ☐ yes	initials □ no □ no		Student Name School	Grade
County Approval ☐ yes Parent or Guardian Name: (P	□ no		THIS CONTRACT IS FOR: Grades 1-12	
	lease Fillit)		☐ 1st Semester Only ☐ 2nd Semester C	Only Both Semesters
Michelle Cunningham Physical Address (street addr	ess only):		Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd Semester C	Only Both Semesters
			KINDERGARTEN/PREKINDERGARTEN:	
Distance from home to nearest Elementary 0 HS 18			Kindergarten child rides with other school by this contract: To or from Bus Stoptimes per day	_
•	-	no way)	To or from School times per day	, days per week
Distance from home to nearest Elementary 0 HS 0	st bus stop, if arry (or	ne way)	Kindergarten child rides without other sol To or from Bus Stop times per day	, days per week
□ Contract is for one-way or	nly		To or from School times per day	, days per week
Students in Each Grade Level - Only in	clude the students to be co	vered by this contract.	Deadlines:	
Pre-K Total		1-8 9-12 Total Total	PARENTS: Due to School Clerk June 1.	lulu di matain a namu famuraun
	Total	Total Total	CLERKS: Send original to County Supt by Silles.	ouly 1, retain a copy for your
Regular Trans Spec. Ed. Trans			COUNTY SUPERINTENDENTS: Send original copy for your files.	inal to OPI by July 10, retain a
Room & Board			REIMBURSEMENT	RATE
Correspondence			(For district, county and O	PI use only)
Reg. Contingency			Reimbursement rate is dete	
Spec. Ed. Contin.			20-10-142, MCA	•
	<u>'</u>	<u> </u>		
Agreement between parent (p	parent name)		, and school district (district name)	,
(county name)		County, her	reinafter referred to as the District(s).	
The parties agree as follows: 1. The parent shall transport or pro-		student(s) to and from the	school or bus stop on the days when school is in session. The parent or gu	ardian assures that a licensed and
In March and June, the District s	shall pay the parent the sun		sportation for the distance reported on the contract actually occurs. application upon certification by the teacher or principal of the school of the	number of days the student(s) was
transported for the past semeste 3. The payment shall be computed 4. This contract shall terminate at	on the basis of the schedu	ule established in Section 2	20-10-142, MCA, and the information accompanying this contract. to longer enrolled in school, whichever occurs first.	
Elementary School District	Chair, Board			Date
High School District Custer County H S	Chair, Board	of Trustees		Date
	<u> </u>	I attest that the al	bove information is true and correct.	
Signature - Parent or Guardian			Date	

INDIVIDUAL TRANSPORTATION CONTRACT

Address, City, Zip Code

Contract #

PO Box	Public Inst 202501 MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Respo	nsible for Re	imbursing the	Contract		County		Legal Entity
High School or K-12 Distric	ct Responsib	le for Reimbur	sing the Cont	ract	County		Legal Entity
Custer County H S	}				Custer		0192
Is this contract shared I □ yes □ no	oetween el	ementary and	d high schoo	ol?			
Are you applying for iso (If yes, please attach ex ISOLATION: Section 20-	(planation		□ No	nbursement	Student Name	School	Grade
rates for special circumsta increased rates, individual trustees of the district, the Public Instruction. (10.7.11	nces of isola circumstanc county trans	tion of residences must be revenued.	ce. In order to viewed and appointed, and the	o receive oproved by the	Student Name	School	Grade
Check here only if increase District Trustees and the C		portation Com	mittee.	proved by the	Student Name	School	Grade
	yes	no	ials 		Student Name	School	Grade
County Approval Parent or Guardian Nat		no			THIS CONTRACT IS F Grades 1-12		
	110. (1 1000)	5 T Till (☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Pat Murphy Physical Address (street	et address	only):			Pre-kindergarten/Kinde ☐ 1st Semester Only	rgarten 2nd Semester Only	y □ Both Semesters
					KINDERGARTEN/PRE	·	
□ Contract is for one-	HS 6 nearest bu HS 0 way only	s stop, if any	(one way)		Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School	times per day,times per day,times per day,tes without other schootimes per day,	days per week days per week days per week ol-age students: days per week days per week days per week days per week
Students in Each Grade Level	Only include	the students to be	e covered by thi	s contract.	<u>Deadlines:</u> PARENTS: Due to Sch	nool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total			y 1, retain a copy for your
Regular Trans					COUNTY SUPERINTE	NDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.).TE
Room & Board Correspondence						EIMBURSEMENT RA strict, county and OPI	
Reg. Contingency					Reimb	oursement rate is determ	nined by
Spec. Ed. Contin.						20-10-142, MCA.	
Agreement between pa	rent (parer	nt name)			, and school district (dis	trict name)	, , , , , , , , , , , , , , , , , , , ,
insured driver will trans 2. In March and June, the transported for the past 3. The payment shall be of	port the studer District shall p semester. omputed on th	nts. Mileage cont ay the parent the e basis of the scl	the student(s) to racts are valid of sum officially a nedule establish	o and from the scho only when transporta pproved in the appli and in Section 20-10	after referred to as the District(s) of or bus stop on the days when school is it atton for the distance reported on the contrication upon certification by the teacher or 1-142, MCA, and the information accompanger enrolled in school, whichever occurs fit	in session. The parent or guard act actually occurs. principal of the school of the nur nying this contract.	
Elementary School Dis			rd of Truste				Date
High School District Custer County H S		Chair, Boa	rd of Truste	es			Date
			I attes	t that the above	e information is true and correct.		
Signature - Parent or Gu	ardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Res	ponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Conf	tract	County		Legal Entity
Custer County H	IS				Custer		0192
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attach	explanation)	ı	□ No		Student Name	School	Grade
rates for special circum increased rates, individu trustees of the district, t	stances of isola ual circumstand he county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the mittee, and the mittee, and the mittee, and the mittee.	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10.7 Check here only if incre District Trustees and the	ased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	-		tials		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian N	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Preston Willson Physical Address (st	root addross	only):			Pre-kindergarten/Kinde		- 5 4 6
1 Hysical Address (st	reet address	Orny).			□ 1st Semester Only KINDERGARTEN/PRE	·	y □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for on	HS 50 to nearest bu	`			Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,tes without other school_times per day,times per day,	days per week days per week days per week ol-age students: days per week days per week days per week
Students in Each Grade Le	vel - Only include	the students to b	e covered by th	is contract.	Deadlines: PARENTS: Due to Sch	and Clark June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina		y 1, retain a copy for your
Regular Trans					files.	NDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.	NDENTS. Send origina	Tto OPI by July 10, retail a
Room & Board					RI	EIMBURSEMENT RA	
Correspondence Reg.							
Contingency Spec. Ed. Contin.					Reimb	ursement rate is determ 20-10-142, MCA.	nined by
opeo. Eu. contin.							
Agreement between	parent (pare	nt name)			, and school district (dis	rict name)	,
insured driver will trace. In March and June, transported for the payment shall be traced to	nsport or provide to ansport the stude the District shall p past semester. the computed on the	nts. Mileage con pay the parent the ne basis of the so	the student(s) to tracts are valid of e sum officially a chedule establish	o and from the schoo only when transportat approved in the applicated in Section 20-10-	fter referred to as the District(s) I or bus stop on the days when school is i ion for the distance reported on the contration upon certification by the teacher or pure the contration accompanies of the contration a	n session. The parent or guardict actually occurs. principal of the school of the nur ying this contract.	
Elementary School D	District	Chair, Boa	ard of Truste	es			Date
High School District Custer County H S		Chair, Boa	ard of Truste	es			Date
			l attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian		-			Date	

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 20:	2501 59620-2501		School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Responsit	ole for Reimbursing the Co	ntract	County		Legal Entity
High School or K-12 District F	Responsible for Reimbursin	g the Contract	County		Legal Entity
Custer County H S			Custer		0192
Is this contract shared bet ☐ yes ☐ no	ween elementary and h	igh school?			
Are you applying for isolat (If yes, please attach expl. ISOLATION: Section 20-10-	anation)	□ No	Student Name	School	Grade
rates for special circumstance increased rates, individual circumstance of the district, the coupublic Instruction. (10.7.116 A	es of isolation of residence. cumstances must be reviev unty transportation committ	In order to receive ved and approved by the ee, and the Office of	Student Name	School	Grade
Check here only if increased postrict Trustees and the Cou	nty Transportation Commit	tee.	Student Name	School	Grade
Elem District Approval		} 	Student Name	School	Grade
County Approval	es 🗆 no		THIS CONTRACT IS FO Grades 1-12	<u>DR:</u>	
	. (Fiease Fillit)		☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Quinn Wright Physical Address (street a	address only):		Pre-kindergarten/Kinder ☐ 1st Semester Only		y Both Semesters
Distance from home to ne Elementary 0 HS Contract is for one-wa Students in Each Grade Level - Or	arest bus stop, if any (c 0 y only hy include the students to be co		by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTEN copy for your files. RE (For dist	times per day,	days per week da
insured driver will transport In March and June, the Distransported for the past ser The payment shall be com	or provide transportation for the the students. Mileage contrac trict shall pay the parent the su mester. outed on the basis of the sched te at the end of the school year	student(s) to and from the school is are valid only when transportant officially approved in the applicule established in Section 20-10 or when the student(s) is no long	, and school district (district referred to as the District(s). of or bus stop on the days when school is in attion for the distance reported on the contracation upon certification by the teacher or pre-142, MCA, and the information accompany ger enrolled in school, whichever occurs first	session. The parent or guard ct actually occurs. rincipal of the school of the nur	
High School District	Chair, Board				Date
Custer County H S	Onan, Board				Julio
Signature - Parent or Guard	ian	I attest that the above	e information is true and correct.	Date	
Signature - Farellt Of Guard	iuii			Date	

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

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Co	nt	ra	∩t.	+

PO Box 202501 Helena, MT 596			School Year 2005- 2006 ue to School Clerk June 1	
Elementary District Responsible for	Reimbursing the Con	tract	County	Legal Entity
High School or K-12 District Respo	nsible for Reimbursing	the Contract	County	Legal Entity
Custer County H S			Custer	0192
Is this contract shared between ☐ yes ☐ no	n elementary and hi	gh school?		
Are you applying for isolation s (If yes, please attach explanati ISOLATION: Section 20-10-142, M	on)	□ No	Student Name School	Grade
rates for special circumstances of is increased rates, individual circumst trustees of the district, the county trublic Instruction. (10.7.116 ARM p	solation of residence. tances must be review ransportation committe	In order to receive ed and approved by the e, and the Office of	Student Name School	Grade
Check here only if increased paymed District Trustees and the County Trustees	ansportation Committe	ee.	Student Name School	Grade
Elem District Approval	Initials no no		Student Name School	Grade
County Approval yes	no		THIS CONTRACT IS FOR: Grades 1-12	
Parent or Guardian Name: (Ple	ease Print)		☐ 1st Semester Only ☐ 2nd Semester 0	Only Both Semesters
Richard Fox Physical Address (street addre	ese oulv).		Pre-kindergarten/Kindergarten	Only Dath Consistent
1 Trysloai / taaress (street addre	oo only).		☐ 1st Semester Only ☐ 2nd Semester 0	Only Both Semesters
Distance from home to nearest Elementary 0 HS 12. Distance from home to nearest Elementary 0 HS 0 Contract is for one-way onl Students in Each Grade Level - Only incl Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	t bus stop, if any (or y ude the students to be co		KINDERGARTEN/PREKINDERGARTEN: Kindergarten child rides with other school by this contract: To or from Bus Stop times per day To or from School times per day Kindergarten child rides without other so To or from Bus Stop times per day To or from School times per day To or from School times per day Deadlines: PARENTS: Due to School Clerk June 1. CLERKS: Send original to County Supt by files. COUNTY SUPERINTENDENTS: Send original copy for your files. REIMBURSEMENT (For district, county and County Superior of the sentence of the sen	days per week days per week days per week chool-age students: days per week July 1, retain a copy for your dinal to OPI by July 10, retain a RATE PI use only) ermined by
insured driver will transport the st 2. In March and June, the District sh transported for the past semester 3. The payment shall be computed 4. This contract shall terminate at th	ide transportation for the sudents. Mileage contracts all pay the parent the sunon the basis of the schedue end of the school year of	County, hereina student(s) to and from the schoos are valid only when transporte officially approved in the application officially approved in Section 20-10 or when the student(s) is no longer	, and school district (district name) after referred to as the District(s). of or bus stop on the days when school is in session. The parent or gration for the distance reported on the contract actually occurs. cation upon certification by the teacher or principal of the school of the information accompanying this contract. ger enrolled in school, whichever occurs first.	e number of days the student(s) was
Elementary School District	Chair, Board			Date
High School District Custer County H S	Chair, Board	of Trustees		Date
		I attest that the above	e information is true and correct.	
Signature - Parent or Guardian			Nate	

Address, City, Zip Code Phone Number Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Address, City, Zip Code

Contract #

PO Box 202501 Helena, MT 59620			chool Year 2005- 2006 e to School Clerk June 1		
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity
High School or K-12 District Responsi	ole for Reimbursing the	Contract	County		Legal Entity
Custer County H S			Custer		0192
Is this contract shared between e □ yes □ no	ementary and high s	chool?			
Are you applying for isolation stat (If yes, please attach explanation ISOLATION: Section 20-10-142, MC/)		Student Name	School	Grade
rates for special circumstances of isola increased rates, individual circumstantrustees of the district, the county transpublic Instruction. (10.7.116 ARM province)	ation of residence. In or ces must be reviewed a sportation committee, ar	der to receive nd approved by the nd the Office of	Student Name	School	Grade
Check here only if increased payment District Trustees and the County Trans	sportation Committee.	en approved by the	Student Name	School	Grade
	Initials □ no □ no	-	Student Name	School	Grade
	□ no		THIS CONTRACT IS FO Grades 1-12		
Rose LaRowe	• · · · · · · · ·		•	□ 2nd Semester Onl	y Both Semesters
Physical Address (street address	only):		Pre-kindergarten/Kinderg ☐ 1st Semester Only		y Both Semesters
Distance from home to nearest so Elementary 0 HS 4 Distance from home to nearest be Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	us stop, if any (one w	by this contract.	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to School CLERKS: Send original files. COUNTY SUPERINTEN copy for your files. RE (For disti	times per day, _ times per day, _ times per day, _ s without other scho times per day, _ times per day, _ times per day, _ times per day, _ tool Clerk June 1.	days per week da
insured driver will transport the stude 2. In March and June, the District shall juring transported for the past semester. 3. The payment shall be computed on the past semester.	transportation for the studer nts. Mileage contracts are vary the parent the sum officente basis of the schedule est	nt(s) to and from the school o valid only when transportation ially approved in the application ablished in Section 20-10-14 en the student(s) is no longer	, and school district (district referred to as the District(s). or bus stop on the days when school is in in for the distance reported on the contraction upon certification by the teacher or process. AMCA, and the information accompany enrolled in school, whichever occurs first	session. The parent or guard at actually occurs. incipal of the school of the nu ing this contract.	
High School District	Chair, Board of Tr	ustees			Date
Custer County H S	 	ittest that the above in	nformation is true and correct.		
Signature - Parent or Guardian	16	ot that the above III		Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	1	Legal Entity
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Custer County I	H S				Custer		0192
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attac	h explanation)	1	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and a mittee, and th	to receive pproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	oproved by the	Student Name	School	Grade
Elem District Approval		□ no	tials		Student Name	School	Grade
HS District Approval County Approval	□ yes	□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Onl	ly Both Semesters
Sarah Wagner Physical Address (s	troot addroos	only):			Pre-kindergarten/Kinder		
Physical Address (s	alleet address	orily).			 1st Semester Only KINDERGARTEN/PRE 		ly Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 0	·			by this contract: To or from Bus Stop To or from School Kindergarten child rid	times per day,times per day,times per day,	days per week days per week days per week col-age students: days per week days per week days per week
□ Contract is for o	ne-way only					times per day, _	days per week
Students in Each Grade Lo	evel - Only include	the students to b	e covered by th	is contract.	<u>Deadlines:</u> PARENTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	I to County Supt by Jul	ly 1, retain a copy for your
Regular Trans						NDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board					RI	EIMBURSEMENT Ratrict, county and OPI	
Correspondence							
Reg. Contingency					Reimb	ursement rate is deterr 20-10-142, MCA.	mined by
Spec. Ed. Contin.						20-10-142, WCA.	
Agreement betweer	n parent (parei	nt name)			, and school district (dist	/	,
(county name) The parties agree as follow		transportation for		•	fter referred to as the District(s)		dian appured that a licensed and
insured driver will t	ransport the stude	nts. Mileage con	tracts are valid	only when transportati	I or bus stop on the days when school is in ion for the distance reported on the contra ation upon certification by the teacher or p	ct actually occurs.	
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the so	hedule establis	hed in Section 20-10-	142, MCA, and the information accompan	ying this contract.	ζ.,
4. This contract shall Elementary School			ear or when the ard of Truste		er enrolled in school, whichever occurs fire	St.	Date
High School District Custer County H S	:	Chair, Boa	ard of Truste	ees			Date
		<u> </u>	I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 59620)-2501	Due to	o School Clerk June 1	
Elementary District Responsible for Re	eimbursing the Contract		County	Legal Entity
Kircher Elem			Custer	0173
High School or K-12 District Responsi	ble for Reimbursing the Con	tract	County	Legal Entity
Is this contract shared between e	lementary and high scho	ol?	<u>'</u>	
Are you applying for isolation stat			Student Name	School Grade
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA) A. provides for increased rei	mbursement	Oldden Warne	Grade
rates for special circumstances of isola increased rates, individual circumstant trustees of the district, the county transpublic Instruction. (10.7.116 ARM prov	ation of residence. In order to ces must be reviewed and a sportation committee, and the	to receive pproved by the	Student Name	School Grade
Check here only if increased payment District Trustees and the County Trans	due to isolation has been a	oproved by the	Student Name	School Grade
Elem District Approval ☐ yes	Initials □ no □ no			School Grade
County Approval yes	□ no		THIS CONTRACT IS FOR: Grades 1-12	
Parent or Guardian Name: (Pleas	e Print)			nd Semester Only Both Semesters
Dawn Leidholt Physical Address (street address	only):		Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2n	nd Semester Only
Distance from home to nearest so Elementary 9.3 HS 0 Distance from home to nearest but Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	us stop, if any (one way)		KINDERGARTEN/PREKINDE Kindergarten child rides with by this contract: To or from Bus Stop To or from School Kindergarten child rides with To or from Bus Stop To or from School Deadlines: PARENTS: Due to School Cle CLERKS: Send original to Co files. COUNTY SUPERINTENDENT copy for your files. REIMBU (For district, co	times per day, days per week days per day, days per week days per week days per day, days per week
insured driver will transport the stude 2. In March and June, the District shall y transported for the past semester. 3. The payment shall be computed on the	transportation for the student(s) ints. Mileage contracts are valid pay the parent the sum officially as the basis of the schedule establis	County, hereinafter to and from the school or b only when transportation frapproved in the application thed in Section 20-10-142, a student(s) is no longer en	or the distance reported on the contract actuall	. The parent or guardian assures that a licensed and y occurs. If the school of the number of days the student(s) was
High School District	Chair, Board of Truste	ees		Date
	I attes	at that the above info	rmation is true and correct.	
Signature - Parent or Guardian			Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 59620	0-2501	Due to	School Clerk June 1	
Elementary District Responsible for Re	eimbursing the Contract		County	Legal Entity
Kircher Elem			Custer	0173
High School or K-12 District Responsi	ble for Reimbursing the Con	tract	County	Legal Entity
Is this contract shared between e □ yes □ no	lementary and high scho	ol?	<u> </u>	<u> </u>
Are you applying for isolation stat			Student Name	School Grade
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA) A. provides for increased rei	mbursement	Oldden Name	Scrioo
rates for special circumstances of isola increased rates, individual circumstant trustees of the district, the county transpublic Instruction. (10.7.116 ARM prov	ation of residence. In order to ces must be reviewed and a sportation committee, and th	to receive pproved by the	Student Name S	School Grade
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	oproved by the	Student Name	School Grade
Elem District Approval ☐ yes	Initials no no no			School Grade
County Approval yes	□ no		THIS CONTRACT IS FOR: Grades 1-12	
Parent or Guardian Name: (Pleas	se Print)			d Semester Only Both Semesters
Diane Newton Physical Address (street address	only):		Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd	d Semester Only Both Semesters
Distance from home to nearest so Elementary 6 HS 0 Distance from home to nearest but Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	us stop, if any (one way) the students to be covered by the Karanananananananananananananananananana	9-12 Total	KINDERGARTEN/PREKINDER Kindergarten child rides with by this contract: To or from Bus Stop To or from School Kindergarten child rides with To or from Bus Stop To or from Bus Stop To or from School Parents: Due to School Cle CLERKS: Send original to Coufiles. COUNTY SUPERINTENDENT copy for your files. REIMBU (For district, co	times per day, days per week with June 1. Send original to OPI by July 10, retain a length of the pounty and OPI use only) The pounty and OPI use only) The pounty and OPI use only)
insured driver will transport the stude 2. In March and June, the District shall transported for the past semester. 3. The payment shall be computed on the transported on the payment shall be computed on the transported shall terminate at the end to the transport of the transpo	transportation for the student(s) tents. Mileage contracts are valid pay the parent the sum officially as the basis of the schedule established of the school year or when the Chair, Board of Truste	County, hereinafter re- to and from the school or bus only when transportation for approved in the application u the din Section 20-10-142, M student(s) is no longer enro tes	the distance reported on the contract actually pon certification by the teacher or principal of CA, and the information accompanying this c	The parent or guardian assures that a licensed and y occurs. If the school of the number of days the student(s) was
High School District	Chair, Board of Truste	es		Date
	I attes	t that the above infor	mation is true and correct.	<u> </u>
Signature - Parent or Guardian			Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Kircher Elem					Custer		0173
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Conf	tract	County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying fo			□ No		Student Name	School	Grade
(If yes, please attaction: Section	20-10-142, MCA	A, provides for				35.1.55.	5.445
rates for special circum increased rates, individ	dual circumstand	ces must be re-	viewed and ap	oproved by the	Student Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of			
Check here only if incr	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
District Trustees and the		sportation Com			Ot deat Name	Och cal	Overde
Elem District Approval HS District Approval		□ no □ no			Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRACT IS Grades 1-12	FOR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
John & Barb Ku Physical Address (s		only):			Pre-kindergarten/Kind		
Filysical Address (s	dieet address	Offig).			☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
						REKINDERGARTEN:	ige students also covered
Distance from home Elementary 11	e to nearest so HS 0	chool (one wa	ay)		by this contract:		
•			. (To or from School	times per day, _	days per week days per week
Distance from home Elementary 0	HS 0	is stop, it any	(one way)		Kindergarten child in To or from Bus Stop	ides without other scho times per day,	ol-age students: days per week
□ Contract is for o	ne-wav onlv				To or from School _	times per day, _	days per week days per week
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	Deadlines:		
	Pre-K	K	1-8	9-12	PARENTS: Due to S	School Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Send orig files.	inal to County Supt by July	y 1, retain a copy for your
Regular Trans						CAUDENTO Considerácio	Lta OBLive liste 40 mateix a
Spec. Ed. Trans					copy for your files.	ENDENIS: Send origina	I to OPI by July 10, retain a
Room & Board						REIMBURSEMENT RA	ATE
Correspondence						listrict, county and OPI	
Reg.							
Contingency					Rei	mbursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.						20 10 112, 111071.	
Agreement betweer	n parent (parei	nt name)			, and school district (d	district name)	,
(county name)				County, hereinaf	ter referred to as the District	(s).	
	ansport or provide t				or bus stop on the days when school		ian assures that a licensed and
2. In March and June transported for the	, the District shall p	nts. Mileage con pay the parent the	e sum officially a	only when transportation in the application	on for the distance reported on the co tion upon certification by the teacher	ntract actually occurs. or principal of the school of the nul	mber of days the student(s) was
The payment shall	be computed on th				42, MCA, and the information accompare enrolled in school, whichever occurs		
Elementary School Kircher Elem			rd of Truste				Date
High School District	:	Chair, Boa	ard of Truste	es			Date
			l attes	t that the above i	nformation is true and corre	ct	
Signature - Parent or	Guardian		i attos	. and and above		Date	
						i .	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ia, MT 59620	-2501		Du	e to School	ol Clerk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract			County	I	Legal Entity	_
Kircher Elem						Custer		0173	
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	_
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?				<u> </u>	_
Are you applying for			□ No		Stud	lent Name	School	Grade	
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	0144		3 5 3 5.	0.440	
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand the county trans	tion of resider ses must be re sportation com	nce. In order to eviewed and ap imittee, and the	receive proved by the	Stud	ent Name	School	Grade	
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade	
Elem District Approval HS District Approval		Ini □ no □ no	itials			lent Name	School	Grade	
		no				S CONTRACT IS FO des 1-12	<u>DR:</u>		
Parent or Guardian I	varrie. (Pieas	e Pilili)			□ 1:	st Semester Only	□ 2nd Semester Only	y □ Both Semesters	
Paul Nelson Physical Address (st	reet address	only):				kindergarten/Kinder st Semester Only		y Both Semesters	
Distance from home Elementary 28 Distance from home Elementary 0 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	is stop, if an	y (one way)	s contract. 9-12 Total	Kind by th To o To o Kind To o To o Dea PAR CLE files.	nis contract: r from Bus Stop r from School dergarten child ride r from Bus Stop r from School adlines: ENTS: Due to Sch RKS: Send origina UNTY SUPERINTEN r for your files. RE	times per day, times	days per week days per week days per week y 1, retain a copy for your I to OPI by July 10, retain a ATE use only)	
insured driver will tr 2. In March and June, transported for the payment shall l	s: nsport or provide t ansport the studer the District shall past semester. pe computed on the erminate at the en	ransportation for its. Mileage cor ay the parent the ie basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially ap	County, hereinaf o and from the school nly when transportation oproved in the applicated ed in Section 20-10-1 student(s) is no longe	ter referred or bus stop on on for the distan ation upon certif 42, MCA, and the	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and mber of days the student(s) was	
High School District		Chair, Boa	ard of Trustee	es				Date	
			l attest	that the above i	information	is true and correct.			_
Signature - Parent or	Guardian		ו מווכאו	at the above i	mormation	is true and confect.	Date		_
J									

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

			e to School Clerk June 1	
Elementary District Responsible for Re	eimbursing the Contract		County	Legal Entity
Kircher Elem			Custer	0173
High School or K-12 District Responsib	ole for Reimbursing the Cor	ntract	County	Legal Entity
Is this contract shared between el □ yes □ no	ementary and high scho	ool?		
Are you applying for isolation statu			Student Name School	ol Grade
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA	A, provides for increased re	imbursement	otagon, name	0.000
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ces must be reviewed and a sportation committee, and the	approved by the	Student Name School	ol Grade
Check here only if increased payment District Trustees and the County Trans	due to isolation has been a	approved by the	Student Name School	ol Grade
HS District Approval ☐ yes	Initials no		Student Name School	ol Grade
	no		THIS CONTRACT IS FOR: Grades 1-12	
Parent or Guardian Name: (Please	e Piliti)		☐ 1st Semester Only ☐ 2nd Ser	mester Only Both Semesters
Ronda Fuhrman Physical Address (street address	only):		Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Ser	mester Only Both Semesters
Distance from home to nearest so Elementary 20 HS 0 Distance from home to nearest but Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	the students to be covered by the Students to be covered by the Total Total	9-12 Total	by this contract: To or from Bus Stop times To or from School times Kindergarten child rides without of To or from Bus Stop times To or from School times Deadlines: PARENTS: Due to School Clerk Jun CLERKS: Send original to County Sfiles. COUNTY SUPERINTENDENTS: Scopy for your files. REIMBURSE (For district, county Reimbursement rai 20-10-14	days per week days per week days per week days per week other school-age students: a per day, days per week days per we
insured driver will transport the studer In March and June, the District shall p transported for the past semester. The payment shall be computed on the This contract shall terminate at the en	transportation for the student(s) ats. Mileage contracts are valid ay the parent the sum officially be basis of the schedule establis	County, hereinaf to and from the school only when transportation approved in the applica shed in Section 20-10-1 te student(s) is no longe	ter referred to as the District(s). or bus stop on the days when school is in session. The pon for the distance reported on the contract actually occur tion upon certification by the teacher or principal of the school, whichever occurs first.	parent or guardian assures that a licensed and s. hool of the number of days the student(s) was
Kircher Elem	i .			
High School District	Chair, Board of Truste	ees		Date
			information is true and correct.	Date

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ia, MT 59620	-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract			County		Legal Entity
Kircher Elem						Custer		0173
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?				<u> </u>
Are you applying for			□ No		Stuc	lent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	0.00		0011001	0.000
rates for special circum increased rates, individ- trustees of the district, t Public Instruction. (10.7	ual circumstand the county trans	es must be re sportation com	viewed and ap mittee, and the	proved by the	Stuc	lent Name	School	Grade
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade
Elem District Approval HS District Approval		Ini □ no □ no	itials			lent Name	School	Grade
		no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>	
Parent or Guardian I	Name: (Pleas	e Print)				st Semester Only	☐ 2nd Semester Only	y □ Both Semesters
Tammy Olson Physical Address (st	reet address	only):				kindergarten/Kinder st Semester Only		y Both Semesters
Distance from home Elementary 12 Distance from home Elementary 0 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	is stop, if an	y (one way) De covered by this Total	9-12 Total	Mind For Company of Co	his contract: or from Bus Stop_ or from School dergarten child ride or from Bus Stop_ or from Bus Stop_ or from Bus Stop_ or from Bus Stop_ or from School adlines: RENTS: Due to Sch RKS: Send origina of for your files. RE RE RE RE RE RE RE RE RE R	times per day,times per day,	days per week da
insured driver will tr. 2. In March and June, transported for the p. 3. The payment shall the	s: nsport or provide t ansport the studer the District shall past semester. pe computed on the erminate at the en	ransportation for its. Mileage cor ay the parent the ie basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially ap	County, hereinaf o and from the school nly when transportation oproved in the applicated ed in Section 20-10-1 student(s) is no longe	or bus stop on on for the dista ation upon certi	to as the District(s). the days when school is in	session. The parent or guard ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and mber of days the student(s) was
High School District		Chair, Boa	ard of Trustee	es				Date
			l attest	that the above	information	is true and correct.		
Signature - Parent or	Guardian		า สแบรเ	that the above	omalion	is true and contect.	Date	
J								

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box	202501 MT 59620				chool Year 2005- 2006 e to School Clerk June 1	
Elementary District Respon	nsible for Re	imbursing the	Contract		County	Legal Entity
Kircher Elem					Custer	0173
High School or K-12 Distric	ct Responsib	le for Reimbu	rsing the Cont	ract	County	Legal Entity
Custer County H S	;				Custer	0192
Is this contract shared to □ yes □ no	oetween ele	ementary an	d high school	ol?		
Are you applying for iso (If yes, please attach ex ISOLATION: Section 20-1	(planation)		□ No	nhuraomont	Student Name School	Grade
rates for special circumstal increased rates, individual trustees of the district, the Public Instruction. (10.7.11	nces of isola circumstanc county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Student Name School	Grade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.					Student Name School	Grade
Elem District Approval	yes		tials		Student Name School	Grade
County Approval	yes	no			THIS CONTRACT IS FOR: Grades 1-12	
Parent or Guardian Nar	ne: (Please	e Print)			☐ 1st Semester Only ☐ 2nd Semes	ter Only Both Semesters
JoElla Swenson Physical Address (street	at address (only).			Pre-kindergarten/Kindergarten	. O
1 Hysical Address (street	address (orny).			☐ 1st Semester Only ☐ 2nd Semes	ter Only Both Semesters
☐ Contract is for one-\ Students in Each Grade Level	HS 12 nearest bu IS 12 way only	s stop, if any	y (one way)	s contract. 9-12 Total	KINDERGARTEN/PREKINDERGARTE Kindergarten child rides with other so by this contract: To or from Bus Stop times per To or from School times per Kindergarten child rides without other To or from Bus Stop times per To or from Bus Stop times per To or from School times per To or from School times per Counter School times per CLERKS: Due to School Clerk June 1 CLERKS: Send original to County Supplifiles. COUNTY SUPERINTENDENTS: Send copy for your files. REIMBURSEME (For district, county and Reimbursement rate is 20-10-142, No. 20-10-142	chool-age students also covered r day, days per week r day, days per week r school-age students: r day, days per week r day, days per week r day, days per week days per week by July 1, retain a copy for your original to OPI by July 10, retain a INT RATE d OPI use only) d determined by
insured driver will transp 2. In March and June, the transported for the past 3. The payment shall be c 4. This contract shall term Elementary School Dist	ort or provide to port the studen District shall posemester. computed on the inate at the en	ransportation for its. Mileage con ay the parent the e basis of the so d of the school y	the student(s) to tracts are valid of e sum officially a chedule establish	o and from the schoo only when transportat pproved in the applic and in Section 20-10- student(s) is no long	ter referred to as the District(s). or bus stop on the days when school is in session. The paren for the distance reported on the contract actually occurs. It on upon certification by the teacher or principal of the school 42, MCA, and the information accompanying this contract. It is removed in school, whichever occurs first.	·
Kircher Elem High School District		Chair, Boa	ard of Truste	es		Date
Custer County H S						
					information is true and correct.	

Signature - Parent or Guardian Date Address, City, Zip Code Phone Number

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	x 202501 , MT 59620	-2501				r 2005- 2006 ol Clerk June 1		
Elementary District Resp	onsible for Re	eimbursing the	Contract			County		Legal Entity
Kircher Elem						Custer		0173
High School or K-12 Dist	rict Responsit	ole for Reimbur	rsing the Cont	ract		County		Legal Entity
Custer County H						Custer		0192
Is this contract shared ☐ yes ☐ no	l between el	ementary an	d high schoo	ol?				
Are you applying for is (If yes, please attach	explanation)	1	□ No		Stud	ent Name	School	Grade
ISOLATION: Section 20 rates for special circums increased rates, individual trustees of the district, the Public Instruction. (10.7.)	tances of isola al circumstanc e county trans	ation of residen ses must be res sportation comi	ice. In order to viewed and ap mittee, and the	o receive oproved by the	Stud	ent Name	School	Grade
Check here only if increa District Trustees and the	sed payment	due to isolatior	n has been ap	proved by the	Stud	ent Name	School	Grade
Elem District Approval	□ yes	Init □ no	tials		Stud	ent Name	School	Grade
	,	□ no				CONTRACT IS	FOR:	
Parent or Guardian N	ame: (Pleas	e Print)				les 1-12 st Semester Only	□ 2nd Semester Or	nly □ Both Semesters
Marian Larson	4 1 - 1	I- A-				kindergarten/Kind		
Physical Address (stre	eet address	oniy):			□ 1:	st Semester Only	□ 2nd Semester Or	lly ☐ Both Semesters
Distance from home to Elementary 0 Distance from home to Elementary 0 Contract is for one Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 7 o nearest bu HS 7 e-way only	ıs stop, if any	(one way)	s contract. 9-12 Total	Kind by the To o To o Kind To o To o O Dea PAR CLE files.	lergarten child r nis contract: r from Bus Stop_ r from School _ lergarten child r r from Bus Stop_ r from School _ adlines: ENTS: Due to S RKS: Send original control of the contract of the control of	times per day, times per day, times per day, ides without other sch times per day, times per day, chool Clerk June 1.	days per week da
insured driver will tran 2. In March and June, the transported for the part of the part of the payment shall be	sport or provide t nsport the studer le District shall p st semester. computed on the minate at the en	rransportation for nts. Mileage conf nay the parent the ne basis of the sc nd of the school y	the student(s) to tracts are valid of sum officially a	o and from the schoo only when transportat pproved in the applic ed in Section 20-10- student(s) is no long	of the referred of or bus stop on tion for the distantation upon certification, MCA, and the state of the sta	nce reported on the cor	(S). is in session. The parent or guaranteed actually occurs. or principal of the school of the newpanying this contract.	rdian assures that a licensed and umber of days the student(s) was
High School District		Chair, Boa	rd of Truste	es				Date
Custer County H S			l attes	that the above	information	is true and corre	<u> </u>	
			ו מווכא	נ נוופג נוופ מטטעפ	inionnation	is true and confe	ol.	

Signature - Parent or Guardian Address, City, Zip Code Phone Number

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Co		

	ox 202501 ia, MT 5962	20-2501				ol Clerk June 1			
Elementary District Res	sponsible for F	Reimbursing the	Contract			County		Legal Entity	
Kircher Elem						Custer		0173	
High School or K-12 Di	strict Respons	sible for Reimbu	irsing the Con	tract		County		Legal Entity	
Custer County H S						Custer		0192	
Is this contract share □ yes □ no	ed between	elementary ar	nd high scho	ol?					
Are you applying for (If yes, please attach ISOLATION: Section 2	n explanation	n)	□ No	mhureamant	Stud	dent Name	School	Grade	
rates for special circum increased rates, individ trustees of the district,	stances of isc ual circumsta the county trai	lation of resider nces must be re nsportation com	nce. In order to eviewed and a mittee, and the	to receive pproved by the	Stud	dent Name	School	Grade	
Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.						dent Name	School	Grade	
Elem District Approval						dent Name	School OR:	Grade	
Parent or Guardian						des 1-12 st Semester Only	□ 2nd Semester Only	□ Both Semesters	
Penny Parsons					Pre	-kindergarten/Kinde	raarten		
Physical Address (st	reet addres	s only):			☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
							KINDERGARTEN:		
Distance from home	to nearest s	school (one w	ay)			dergarten child rid his contract:	les <u>with</u> other school-a	ge students also covered	
Elementary 0	HS 11				To	or from Bus Stop	times per day,	days per week	
Distance from home	to nearest b	ous stop, if an	y (one way)		To o	or from School dergarten child rid	times per day,	days per week ol-age students:	
Elementary 0	HS 11	• •	, ,,		To	or from Bus Stop	times per day,	days per week	
□ Contract is for or	ne-way only				To	or from School	times per day,	days per week	
Students in Each Grade Le	, ,	e the students to	be covered by th	is contract.		adlines:			
	Pre-K	К	1-8	9-12	PAF	RENTS: Due to Sci	hool Clerk June 1.		
	Total	Total	Total	Total	CLE files		al to County Supt by July	1, retain a copy for your	
Regular Trans									
Spec. Ed. Trans						UNTY SUPERINTE y for your files.	NDENTS: Send original	to OPI by July 10, retain a	

Room & Board Correspondence Reg. Contingency

Spec. Ed. Contin.

Total	Total	Total	Total

REIMBURSEMENT RATE (For district, county and OPI use only)

Reimbursement rate is determined by 20-10-142, MCA.

Agreement between parent (paren	t name), and school district (district name)					
(county name) The parties agree as follows:	County, hereinafter referred to as the District(s).					
1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.						
	e basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. d of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.					
Elementary School District	Chair, Board of Trustees	Date				
Kircher Elem		_				
High School District	Chair, Board of Trustees	Date				
Custer County H S						
	Lattest that the above information is true and correct	·				

,	I attest that the above information is true and correct.	·
Signature - Parent or Guardian		Date
Address, City, Zip Code		Phone Number

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School Clerk June	1	
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Trail Creek Eler	n				Custer		0177
High School or K-12 D		ole for Reimbu	rsing the Conf	tract	County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying fo			□ No		Student Name	School	Grade
(If yes, please attaction: Section	20-10-142, MCA	A, provides for			otadom Hamo	2011001	Olddo
rates for special circum increased rates, individ	dual circumstand	ces must be re-	viewed and ap	oproved by the	Student Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of			
Check here only if incr	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
District Trustees and the		sportation Com			Of the state Name	Oakaal	Overde
Elem District Approval HS District Approval	•	□ no □ no			Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRACT Grades 1-12	IS FOR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester O	nly 2nd Semester Onl	y Both Semesters
Cassie & Bill Er Physical Address (s		anh ()			Pre-kindergarten/K		
Physical Address (s	areer address	oriiy).			☐ 1st Semester O	nly 2nd Semester Onl	y Both Semesters
						PREKINDERGARTEN:	age students also covered
Distance from home Elementary 10	e to nearest so HS 0	chool (one wa	ıy)		by this contract:		
•			,		To or from School	p times per day, _ times per day, _	days per week
Distance from home Elementary 0	e to nearest bu HS 0	is stop, if any	(one way)		Kindergarten child	d rides without other scho	ol-age students:
□ Contract is for o	ne-way only				To or from School	ptimes per day, _ times per day, _	days per week
Students in Each Grade L	, ,	the students to b	e covered by th	is contract.	Deadlines:		
	Pre-K	К	1-8	9-12	PARENTS: Due to	School Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Send or files.	iginal to County Supt by Jul	y 1, retain a copy for your
Regular Trans							
Spec. Ed. Trans					copy for your files.	NTENDENTS: Send origina	al to OPI by July 10, retain a
Room & Board					.,	REIMBURSEMENT RA	ATF
Correspondence					(For	district, county and OPI	
_							
Reg. Contingency					R	eimbursement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.						20-10-142, IVICA.	
Agreement betweer	n parent (pare	nt name)			, and school district	(district name)	,
(county name)				County, hereinaf	ter referred to as the Distri	ct(s).	
The parties agree as follow		transportation for		-		ool is in session. The parent or guard	lian assures that a licensed and
In March and June	, the District shall p	nts. Mileage con pay the parent the	tracts are valid on sum officially a	only when transportation only when transportation only when transportation in the application of the second contract of the second contra	on for the distance reported on the tion upon certification by the teach	contract actually occurs. er or principal of the school of the nu	mber of days the student(s) was
	be computed on the				42, MCA, and the information according reprolled in school, whichever occ		
Elementary School			rd of Truste		. S Shou in School, Willone Vel Oct		Date
Trail Creek Elem High School District	:	Chair, Boa	rd of Truste	es			Date
			1 -4-	t that the ale '	nformation is two	root	
Signature - Parent or	Guardian		l attes	t that the above i	nformation is true and cor	Date	
orginature - i arciil Or	-uui uiaii					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	-2501		Due to School Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	<u>'</u>	Legal Entity	
Trail Creek Eler	n					Custer		0177	
High School or K-12 D		le for Reimburs	sing the Cont	ract		County		Legal Entity	
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	l high schoo	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of residences must be revi sportation comm	e. In order to lewed and ap nittee, and the	o receive oproved by the	Stud	dent Name	School	Grade	
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade	
Elem District Approval HS District Approval	□ yes	Initi □ no □ no	als		Stud	dent Name	School	Grade	
County Approval	□ yes	no				<u>S CONTRACT IS FO</u> des 1-12	OR:		
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Or	nly Both Semesters	
Cyndra L. Hanv						-kindergarten/Kinder			
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	□ 2nd Semester Or	nly Both Semesters	
Distance from home Elementary 20 Distance from home Elementary 0 Contract is for o Students in Each Grade Lower Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract. 9-12 Total	Kind by the Total Kind Total Total Total PAR CLE files	his contract: or from Bus Stop_ or from School dergarten child ride or from Bus Stop_ or from School adlines: RENTS: Due to Schoel ERKS: Send original . UNTY SUPERINTEN y for your files. REA REA REA REA REA REA REA RE	times per day, times per day, times per day, so without other schimes per day, times per day, tool Clerk June 1.	days per week da	
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: nansport or provide t ransport the studer, the District shall p past semester. be computed on th terminate at the en District	ransportation for tots. Mileage contribute parent the parent the set basis of the sch	he student(s) to acts are valid of sum officially a edule establish ar or when the rd of Truster	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longe	or bus stop on on for the dista ation upon certi	nce reported on the contract	session. The parent or gual at actually occurs. incipal of the school of the ning this contract.	rdian assures that a licensed and umber of days the student(s) was Date Date	
			Lattest	t that the above i	information	is true and correct.			
Signature - Parent or	Guardian		rattes	t that the above	momation	io auc and correct.	Date		
-									

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

PO Box 202501 Helena, MT 59620	-2501	Due to School Clerk June 1					
Elementary District Responsible for Re	eimbursing the Con	tract	С	ounty		Legal Entity	
Trail Creek Elem			c	Custer		0177	
High School or K-12 District Responsib	ole for Reimbursing	the Contract		ounty		Legal Entity	
Is this contract shared between el ☐ yes ☐ no	ementary and hi	gh school?					
Are you applying for isolation statu (If yes, please attach explanation)		□ No	Studen	t Name	School	Grade	
ISOLATION: Section 20-10-142, MCA rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ation of residence. tes must be reviewe sportation committe	In order to receive ed and approved by the e, and the Office of	Studen	t Name	School	Grade	
Check here only if increased payment District Trustees and the County Trans	due to isolation has	s been approved by the	Studen	t Name	School	Grade	
Elem District Approval □ yes	Initials □ no □ no		Studen	t Name	School	Grade	
County Approval	□ no		THIS C	ONTRACT IS FO	DR:		
Parent or Guardian Name: (Please	e Print)			Semester Only	□ 2nd Semester On	ly Both Semesters	
Cyndra L. Hanvold/Medear				dergarten/Kinder			
Physical Address (street address	oniy):		☐ 1st S	Semester Only	□ 2nd Semester On	lly Both Semesters	
Distance from home to nearest so Elementary 40 HS 0 Distance from home to nearest but Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	is stop, if any (or the students to be cov		Kinder by this To or fr To or fr Kinder To or fr To or fr PAREN files. COUNT	garten child ride contract: om Bus Stop om School garten child ride om Bus Stop om School lines: VTS: Due to Scho (S: Send original TY SUPERINTEN r your files. RE (For dist	times per day, times per day, es without other sche times per day, times per day, times per day, times per day,	days per week da	
Agreement between parent (parer (county name) The parties agree as follows: 1. The parent shall transport or provide to insured driver will transport the studer 2. In March and June, the District shall pot transported for the past semester. 3. The payment shall be computed on the transported of the past semester. 4. This contract shall terminate at the end the transported for the past semester. Trail Creek Elem High School District	rransportation for the s rts. Mileage contracts ray the parent the sum re basis of the schedu	tudent(s) to and from the school are valid only when transportal officially approved in the applicate established in Section 20-10-r when the student(s) is no long of Trustees	of the referred to of or bus stop on the distance cation upon certificat.	reported on the contraction by the teacher or printering information accompany	session. The parent or guar ct actually occurs. rincipal of the school of the n		
		I attest that the above	information is	true and correct.			
Signature - Parent or Guardian					Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena,	MT 59620-	-2501		Du	e to School	ol Clerk June 1		
Elementary District Respo	nsible for Rei	imbursing the	Contract			County	l l	Legal Entity
Spring Creek Elen	n					Custer		0179
High School or K-12 Distri	ict Responsibl	le for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract shared ☐ yes ☐ no	between ele	ementary ar	nd high schoo	ol?				
Are you applying for is		ıs? □ Yes	□ No		Stuc	ent Name	School	Grade
(If yes, please attach e ISOLATION: Section 20-	xplanation) 10-142, MCA	. provides for	increased rein	nbursement	Olde	CHT Name	GCHOOL	Ciado
rates for special circumsta increased rates, individual trustees of the district, the Public Instruction. (10.7.1)	ances of isolat I circumstance county transp	tion of resider es must be re portation com	nce. In order to eviewed and ap imittee, and the	receive proved by the	Stuc	ent Name	School	Grade
Check here only if increas District Trustees and the 0	ed payment d	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade
Elem District Approval	□ yes □		itials		Stuc	ent Name	School	Grade
County Approval	g yes	no				S CONTRACT IS FO les 1-12	DR:	
Parent or Guardian Na	me: (Please	e Print)				st Semester Only	□ 2nd Semester Only	y Both Semesters
Jaimi Balsam Physical Address (stre	et address o	only):				kindergarten/Kinder st Semester Only		y
Distance from home to Elementary 25 Distance from home to Elementary 0 Contract is for one-Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 nearest bus HS 0 way only	s stop, if an	y (one way) De covered by this 1-8 Total	9-12 Total	CLE files.	nis contract: r from Bus Stop r from School lergarten child ride r from Bus Stop r from Bus Stop r from School adlines: ENTS: Due to Scho RKS: Send original INTY SUPERINTEN r for your files. RE RE RE RE RE Reimbi	times per day,times per day,	days per week da
insured driver will trans 2. In March and June, the transported for the pas 3. The payment shall be a	port or provide tr sport the studen' E District shall pa t semester. computed on the ninate at the enc	ransportation for ts. Mileage cor ay the parent the e basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially ap	County, hereinafor and from the school only when transportation or the application of the	or bus stop on on for the distantion upon certif	nce reported on the contract	session. The parent or guard actually occurs. rincipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was
High School District		Chair, Boa	ard of Trustee	es				Date
		<u> </u>	I attest	that the above i	information	is true and correct.		I
Signature - Parent or Gu	ıardian		. 3.1001				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT	59620-2501		Due to Scho	ol Clerk June 1		
Elementary District Responsib	ole for Reimbursing the	Contract		County		Legal Entity
Spring Creek Elem				Custer		0179
High School or K-12 District R	esponsible for Reimbur	rsing the Contract		County		Legal Entity
Is this contract shared beter □ yes □ no	ween elementary and	d high school?				
Are you applying for isolat		□ No	Stu	dent Name	School	Grade
(If yes, please attach explains ISOLATION: Section 20-10-1	anation) 42, MCA, provides for i	increased reimburser		dent rume	Concor	Ciddo
rates for special circumstance increased rates, individual circ trustees of the district, the coupublic Instruction. (10.7.116 A	s of isolation of residen cumstances must be rev inty transportation comm	ce. In order to receively iewed and approved mittee, and the Office	by the Stu	dent Name	School	Grade
Check here only if increased properties and the Court	payment due to isolation	n has been approved	by the Stud	dent Name	School	Grade
Elem District Approval	s no	ials 		dent Name	School	Grade
County Approval				<u>S CONTRACT IS FO</u> des 1-12	<u>)K:</u>	
	. (Flease Fillit)		□ 1	st Semester Only	□ 2nd Semester Only	√ □ Both Semesters
James Beardsley Physical Address (street a	ddress only):			-kindergarten/Kinder Ist Semester Only	garten □ 2nd Semester Only	□ Both Semesters
Distance from home to near Elementary 0 HS Contract is for one-way Students in Each Grade Level - On	HS 0 arest bus stop, if any 0 y only	e covered by this contract 1-8 9-	ct. De Flies	this contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Sch ERKS: Send origina or for your files. RENTS: RENTEN RENTS: RENTEN RENTS: RENTEN RENTS: RENTEN RENTS: RENTEN RENTS: REN	times per day,	days per week days per week days per week 7 1, retain a copy for your 1 to OPI by July 10, retain a TE use only)
insured driver will transport In March and June, the Dist transported for the past sen The payment shall be comp This contract shall terminat Elementary School District Spring Creek Elem	r provide transportation for the students. Mileage contrict shall pay the parent the nester. buted on the basis of the scie at the end of the school yet Chair, Boa	County the student(s) to and fror racts are valid only where sum officially approved hedule established in Se ear or when the student(rd of Trustees	n transportation for the dista in the application upon cert ction 20-10-142, MCA, and	If to as the District(s). In the days when school is in the contra- ification by the teacher or p the information accompany	n session. The parent or guardict actually occurs. rincipal of the school of the num	nber of days the student(s) was Date
High School District	Chair, Boa	rd of Trustees				Date
		I attest that the	ne above information	is true and correct.		
Signature - Parent or Guard	ian				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT	59620-2501		Due to School Clerk June 1					
Elementary District Responsib	le for Reimbursing the	Contract	County		Legal Entity			
Spring Creek Elem			Custer		0179			
High School or K-12 District Re	esponsible for Reimbur	sing the Contract	County		Legal Entity			
Is this contract shared betv □ yes □ no	veen elementary and	d high school?	<u>'</u>					
Are you applying for isolati		□ No	Student Name	School	Grade			
(If yes, please attach explain ISOLATION: Section 20-10-1-	nation) 42, MCA, provides for i	ncreased reimbursement		30.100.	5.445			
rates for special circumstances increased rates, individual circ trustees of the district, the coul Public Instruction. (10.7.116 Al	umstances must be rev nty transportation comm	riewed and approved by the nittee, and the Office of	Student Name	School	Grade			
Check here only if increased p District Trustees and the Coun	ayment due to isolation	has been approved by the	Student Name	School	Grade			
Elem District Approval	no	ials 	Student Name	School	Grade			
County Approval			THIS CONTRACT IS FO Grades 1-12	<u>)K:</u>				
	(Flease Fillit)		☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters			
Scot Robinson Physical Address (street ad	ddress only):			Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
Distance from home to near Elementary 17 H Distance from home to near Elementary 0 HS 0 Contract is for one-way Students in Each Grade Level - Onl Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	S 0 Irrest bus stop, if any only y include the students to be	(one way)	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send original files. COUNTY SUPERINTEN copy for your files. RE (For dist	times per day,	days per week days per week days per week / 1, retain a copy for your I to OPI by July 10, retain a ATE use only)			
insured driver will transport to the past sem as a seminary transported for the past sem as the payment shall be computed. This contract shall terminate Elementary School District Spring Creek Elem	provide transportation for the students. Mileage contict shall pay the parent the ester. uted on the basis of the schat the end of the school yet.	County, herein the student(s) to and from the schoracts are valid only when transport sum officially approved in the appl nedule established in Section 20-11 ear or when the student(s) is no lor rd of Trustees	, and school district (district referred to as the District(s) ool or bus stop on the days when school is tation for the distance reported on the contra dication upon certification by the teacher or pro-0-142, MCA, and the information accompaninger enrolled in school, whichever occurs first	n session. The parent or guardi ct actually occurs. rincipal of the school of the nun ying this contract.	nber of days the student(s) was Date			
High School District	Chair, Boa	rd of Trustees			Date			
		I attest that the above	re information is true and correct.					
Signature - Parent or Guardi	an			Date				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501		Di	ue to School Cl	erk June 1				
Elementary District Res	sponsible for Re	eimbursing the	Contract		Соц	inty		Legal Entity		
Spring Creek Ele	em				Cu	ster		0179		
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Conf	tract	Cou	inty		Legal Entity		
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?						
Are you applying for (If yes, please attach			□ No		Student I	Name	School		Grade	
ISOLATION: Section 2	20-10-142, MCA	A, provides for	increased reir	mbursement						
increased rates, individ	ual circumstand	es must be re	viewed and a	oproved by the	Student I	Name	School		Grade	
trustees of the district, the Public Instruction. (10.7)				e Office of	Chinda ah I		Cahaal		Orada	
Check here only if incre District Trustees and th				proved by the	Student I	vame	School		Grade	
Elem District Approval	Ť		itials		Student I	Name	School		Grade	
HS District Approval County Approval	□ yes □	□ no			THIS CO	NTRACT IS FO	OR:			
Parent or Guardian					Grades 1		 □ 2nd Semester Only	v □ Both Se	emesters	
Shavon Harmon	1					•	•	y - Bourec	incoloro	
Physical Address (st		only):				ergarten/Kinder emester Only	garten ☐ 2nd Semester Only	y 🗆 Both Se	emesters	
							KINDERGARTEN:			
Distance from home	to nearest so	hool (one wa	ay)		Kinderga by this o		es <u>with</u> other school-a	age students a	ilso covered	
Elementary 20	HS 0				To or from	To or from Bus Stop times per day, days per week				
Distance from home Elementary 9	to nearest bu	ıs stop, if an	y (one way)		To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week To or from School times per day, days per week					
□ Contract is for or	ne-way only				To or froi	m School	times per day, _	day	s per week	
Students in Each Grade Le	evel - Only include	the students to I	be covered by th	is contract.	Deadli		ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS		I to County Supt by July	y 1, retain a co	py for your	
Regular Trans					files.					
Spec. Ed. Trans						your files.	NDENTS: Send origina	al to OPI by Jul	y 10, retain a	
Room & Board							EIMBURSEMENT RA			
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.										
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by		
Spec. Ed. Contin.										
Agreement between	parent (parei	nt name)			, and sch	ool district (dist	rict name)		·,	
(county name) The parties agree as follow	/s:			County, hereina	fter referred to a	s the District(s).				
insured driver will tr	ansport the studer	nts. Mileage cor	tracts are valid	only when transportat	ion for the distance re	ported on the contra				
transported for the	past semester.	•	•		ation upon certification 142, MCA, and the inf		rincipal of the school of the nur	mber or days the stu	uuent(s) was	
	terminate at the er	d of the school		student(s) is no long	er enrolled in school, v			Date		
Spring Creek Elem		,								
High School District		Chair, Boa	ard of Truste	८ ७				Date		
			I attes	t that the above	information is tru	ue and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, M	T 59620-2501		Due to Scho	ool Clerk June 1				
Elementary District Respons	ble for Reimbursing the	Contract		County		Legal Entity		
Spring Creek Elem				Custer		0179		
High School or K-12 District	Responsible for Reimbu	rsing the Contract		County		Legal Entity		
Is this contract shared be ☐ yes ☐ no	tween elementary an	d high school?						
Are you applying for isola		□ No	Stu	dent Name	School	Grade		
(If yes, please attach exp ISOLATION: Section 20-10-	142, MCA, provides for		ent					
rates for special circumstanc increased rates, individual cir trustees of the district, the co Public Instruction. (10.7.116	cumstances must be re unty transportation com	viewed and approved b mittee, and the Office o	by the Stu	dent Name	School	Grade		
Check here only if increased District Trustees and the Cou	payment due to isolatio inty Transportation Com	n has been approved b imittee.	sy the Stu	dent Name	School	Grade		
Elem District Approval	es	tials	- 1-	dent Name	School	Grade		
County Approval				S CONTRACT IS FO ides 1-12	<u>)K:</u>			
	e. (Flease Flift)			1st Semester Only	□ 2nd Semester Only	□ Both Semesters		
Stacey Brown Physical Address (street)	address only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home to ne Elementary 0 HS Contract is for one-was Students in Each Grade Level - O	HS 0 earest bus stop, if any 0 ny only	y (one way)	Kin by to the files CO	this contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Sch ERKS: Send origina s. UNTY SUPERINTEN y for your files. REA REA REA REA REA REA REA RE	times per day, tool Clerk June 1.	days per week days per week days per week 7 1, retain a copy for your 1 to OPI by July 10, retain a TE use only)		
insured driver will transpore In March and June, the Distransported for the past see The payment shall be com	or provide transportation for the students. Mileage constrict shall pay the parent the mester. Inputed on the basis of the sole at the end of the school of	County, the student(s) to and from tracts are valid only when te sum officially approved in chedule established in Sect	hereinafter referred the school or bus stop or transportation for the dista the application upon cert tion 20-10-142, MCA, and	ance reported on the contra ification by the teacher or p the information accompany	session. The parent or guardict actually occurs. rincipal of the school of the numering this contract.			
mgn oonoor bistrict	Oriali, Dua	414 OF FEUSICES				Date		
		I attest that the	e above information	is true and correct.				
Signature - Parent or Guard	dian				Date			

Linda McCulloch, Superintendent | INDIVIDUAL TRANSPORTATION CONTRACT

Signature - Parent or Guardian

Address, City, Zip Code

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(.n	nt	ra	CT	I

PO Bo	of Public Ins ox 202501 a, MT 59620			S Du						
Elementary District Res	ponsible for Re	eimbursing the C	ontract		Count	ty	Legal Entity			
Spring Creek Ele	em				Cus		0179			
High School or K-12 Dis		ole for Reimbursi	ng the Conf	ract	Count	ty	Legal Entity			
Custer County H					Cus	ter	0192			
Is this contract share ☐ yes ☐ no		,	high scho	ol?						
Are you applying for (If yes, please attach	explanation))	□ No		Student Na	ame School	Grade			
ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)					Student Name School Grade					
Check here only if incre District Trustees and the	eased payment e County Trans	due to isolation h	nas been ap ittee.	proved by the	Student Na	ame School	Grade			
Elem District Approval HS District Approval	,	Initia □ no □ no	ls 		Student Na		Grade			
County Approval		□ no			<u>THIS CON</u> Grades 1-1	TRACT IS FOR: 12				
Parent or Guardian N		e Pilili)			□ 1st Sem	nester Only 2nd Semester	Only Both Semesters			
Ginger Johnston Physical Address (st		only):				garten/Kindergarten nester Only □ 2nd Semester	Only Both Semesters			
					KINDERGARTEN/PREKINDERGARTEN: Kindergarten child rides with other school-age students also covered by this contract: To or from Bus Stop times per day, days per week To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week To or from School times per day, days per week					
Distance from home Elementary 0	to nearest so HS 47	chool (one way)							
Distance from home Elementary 0	to nearest bu HS 11.5	us stop, if any (one way)							
□ Contract is for on	e-way only				To or from	School times per da	y, days per week			
Students in Each Grade Le	vel - Only include	the students to be	covered by th	is contract.	Deadline	es: Due to School Clerk June 1.				
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS:	Send original to County Supt by	July 1, retain a copy for your			
Regular Trans					files.					
Spec. Ed. Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.					
Room & Board						REIMBURSEMENT				
Correspondence						(For district, county and C	DPI use only)			
Reg. Contingency						Reimbursement rate is de 20-10-142, MCA				
Spec. Ed. Contin.						20-10-142, WO	n.			
Agreement between	parent (pare	nt name)			. and school	ol district (district name)				
(county name)		/			ter referred to as t		· · · · · · · · · · · · · · · · · · ·			
The parties agree as follows		transportation for th		-		s when school is in session. The parent or g	nuardian assures that a licensed and			
insured driver will tra	ansport the stude	nts. Mileage contra	cts are valid	only when transportati	on for the distance repo	rted on the contract actually occurs. by the teacher or principal of the school of the				
transported for the p 3. The payment shall be	oast semester. be computed on the	ne basis of the sche	dule establish	ned in Section 20-10-1	142, MCA, and the inforr	mation accompanying this contract.				
4. This contract shall to Elementary School D Spring Creek Elem		Chair, Board			er enrolled in school, wh	ichever occurs first.	Date			
High School District Custer County H S		Chair, Board	of Truste	es			Date			
		<u> </u>	Lattes	t that the above	information is true	and correct				

Date

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620)-2501			ue to School				
Elementary District Re	sponsible for Re	eimbursing the	Contract		C	County		Legal Entity	_
Cottonwood Ele	m					Custer		0182	
High School or K-12 D		ole for Reimbu	rsing the Conf	tract		County		Legal Entity	_
Is this contract share □ yes □ no	ed between el	ementary an	id high scho	ol?					
Are you applying for (If yes, please attaction: Section	h explanation))	□ No increased reir	mbursement	Studer	nt Name	School	Grade	
rates for special circum increased rates, individual trustees of the district, Public Instruction. (10.)	nstances of isola lual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	o receive oproved by the	Studer	nt Name	School	Grade	
Check here only if incredit District Trustees and the	eased payment	due to isolatio	n has been ap	pproved by the	Studer	t Name	School	Grade	
Elem District Approval		□ no	tials		Student Name School Grade				
HS District Approval County Approval	,	□ no □ no				CONTRACT IS FO	OR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st	s 1-12 Semester Only	□ 2nd Semester Or	nly Both Semesters	
Charles D. Cavi					Pre-kir	ndergarten/Kinder	rgarten		
Physical Address (s	treet address	only):						nly □ Both Semesters	
Distance from home Elementary 15 Distance from home Elementary 0 Contract is for or Students in Each Grade Le	HS 0 to nearest bu HS 0 ne-way only	us stop, if any	y (one way)	is contract. 9-12 Total	Kinder by this To or f To or f Kinder To or f To or f To Apple App	rgarten child rides contract: rom Bus Stop rom School rgarten child ride rom Bus Stop rom School rom School lines: NTS: Due to Sch	times per day, times per day, es without other sch times per day, times per day, times per day,	days per week days per week days per week cool-age students: days per week days per week days per week	d
Regular Trans					files.			, .,	
Spec. Ed. Trans						TY SUPERINTEN or your files.	NDENTS: Send origin	nal to OPI by July 10, retain a	а
Room & Board							EIMBURSEMENT F		
Correspondence						(For dist	trict, county and OP	'I use only)	
Reg. Contingency						Reimb	ursement rate is deter	rmined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agreement betweer	ı parent (pareı	nt name)			, and s	chool district (dist	rict name)	,	,
(county name)				County, hereinat	fter referred to	as the District(s)			
The parties agree as follow 1. The parent shall tra		transportation for	the student(s) to	o and from the school	I or bus stop on the	days when school is in	n session. The parent or guar	rdian assures that a licensed and	
						reported on the contra tion by the teacher or p		number of days the student(s) was	
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the so	chedule establish	ned in Section 20-10-	142, MCA, and the	information accompany	ying this contract.		
	terminate at the er	nd of the school y		student(s) is no longe		ol, whichever occurs firs		Date	
Cottonwood Elem		,							
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information is	true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

PO Box 202501 Helena, MT 59620)-2501		School Year 2 Tue to School (
Elementary District Responsible for Re	eimbursing the Contra	ct	Co	ounty	<u> </u>	Legal Entity		
Cottonwood Elem			C	uster		0182		
High School or K-12 District Responsit	ole for Reimbursing th	e Contract		ounty		Legal Entity		
Is this contract shared between el ☐ yes ☐ no	ementary and high	school?						
Are you applying for isolation statu (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA)		Student	Name	School	Grade		
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ation of residence. In ces must be reviewed sportation committee,	order to receive and approved by the and the Office of	Student	Name	School	Grade		
Check here only if increased payment District Trustees and the County Trans	due to isolation has b	een approved by the	Student	Name	School	Grade		
Elem District Approval	Initials □ no	_	Student	Student Name School Grade				
	□ no □ no	_		ONTRACT IS FO	OR:			
Parent or Guardian Name: (Pleas	e Print)		Grades ☐ 1st S	1-12 Semester Only	□ 2nd Semester On	lly □ Both Semesters		
Ronald Anderson				dergarten/Kinder		,		
Physical Address (street address	only):					ly Both Semesters		
			KINDE	RGARTEN/PRE	KINDERGARTEN:			
Distance from home to nearest so Elementary 16 HS 0	chool (one way)		by this	contract:		age students also covered days per week days per week		
Distance from home to nearest but Elementary 0 HS 0	us stop, if any (one	way)	Kinder To or fr	garten child ride om Bus Stop	es <u>without</u> other scho times per day,	ool-age students: days per week		
☐ Contract is for one-way only			10 or tro	om School	times per day,	days per week		
Students in Each Grade Level - Only include	the students to be covere	ed by this contract.	Deadl		ool Clerk June 1.			
Pre-K	K 1-	-						
Total	Total To	tal Total	CLERK files.	S: Send origina	I to County Supt by Ju	lly 1, retain a copy for your		
Regular Trans				Y SUPERINTER	IDENTS: Send origin	al to OPI by July 10, retain a		
Spec. Ed. Trans				r your files.				
Room & Board					EIMBURSEMENT R			
Correspondence				(FOI disi	rict, county and OP	ruse only)		
Reg. Contingency				Reimb	ursement rate is deter	mined by		
Spec. Ed. Contin.					20-10-142, MCA.			
Agreement between parent (parer	nt name)		, and sc	hool district (dist	rict name)	,		
(county name)		County hereins	after referred to	as the District(s)				
The parties agree as follows: 1. The parent shall transport or provide to	transportation for the stud			()		rdian assures that a licensed and		
insured driver will transport the studer In March and June, the District shall p	nts. Mileage contracts ar	e valid only when transporta	ation for the distance i	reported on the contra	ct actually occurs.			
transported for the past semester. 3. The payment shall be computed on the	•		•		•	a or days the student(s) was		
This contract shall terminate at the er Elementary School District		hen the student(s) is no long				Date		
Cottonwood Elem	Í					Dale		
High School District	Chair, Board of	Trustees				Date		
		attest that the above	e information is t	rue and correct.		<u>'</u>		
Signature - Parent or Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620)-2501			ue to School C			
Elementary District Re	sponsible for Re	eimbursing the	Contract		Cor	unty		Legal Entity
Cottonwood Ele	em				Cı	ıster		0182
High School or K-12 D		ole for Reimbu	rsing the Conf	tract		unty		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				
Are you applying for (If yes, please attaction: Section	h explanation))	□ No	mhursement	Student	Name	School	Grade
rates for special circun increased rates, individual trustees of the district,	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	o receive oproved by the	Student	Name	School	Grade
Public Instruction. (10. Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Student	Name	School	Grade
Elem District Approval	□ yes	Ini □ no	tials		Student	Name	School	Grade
HS District Approval County Approval	•	□ no □ no			THIS CO	NTRACT IS FO	OR:	
Parent or Guardian		e Print)			Grades	I-12 emester Only	 □ 2nd Semester On	lly □ Both Semesters
Susan & Scot S	obczak-Bry	⁄an				,		, = 20 20
Physical Address (s						ergarten/Kinder emester Only		ly Both Semesters
					KINDER	GARTEN/PRE	KINDERGARTEN:	
Distance from home Elementary 13.5	e to nearest so HS 0	chool (one wa	ay)		by this o	contract:		age students also covered days per week days per week
Distance from home Elementary 0	e to nearest bu HS 0	us stop, if any	y (one way)		Kinderg To or fro	arten child ride m Bus Stop	es <u>without</u> other scho times per day,	ool-age students: days per week
□ Contract is for o	ne-way only				10 01 110	m School	times per day,	days per week
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	Deadli		nool Clerk June 1.	
	Pre-K	K	1-8	9-12				
	Total	Total	Total	Total	CLERKS files.	S: Send origina	al to County Supt by Ju	lly 1, retain a copy for your
Regular Trans					COUNT	/ SUPERINTE	NDFNTS: Send origin	al to OPI by July 10, retain a
Spec. Ed. Trans						your files.	TELLITE: Ocha ongin	
Room & Board							EIMBURSEMENT R	
Correspondence						(For dis	trict, county and OP	r use only)
Reg. Contingency						Reimb	oursement rate is deter	mined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement betweer	n parent (pare	nt name)			, and sch	ool district (dist	trict name)	,
(county name)				County, hereinat	fter referred to a	e the Dietrict(e)		
The parties agree as follow		transportation for		,		()		rdian assures that a licensed and
insured driver will t	ransport the stude	nts. Mileage con	tracts are valid	only when transportati	ion for the distance re	ported on the contra	act actually occurs.	umber of days the student(s) was
transported for the	past semester.		•	ned in Section 20-10-1	•		·	uniber of days the stadem(s) was
	terminate at the er	nd of the school y		student(s) is no longe				Date
Cottonwood Elem		,						Date
High School District	:	Chair, Boa	ard of Truste	es				Date
			I attes	t that the above	information is tr	ue and correct.		<u> </u>
Signature - Parent or	Guardian						Date	

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box	202501 MT 59620				School Year 2 ue to School				
Elementary District Respon	nsible for Re	imbursing the C	Contract		С	ounty		Legal Entity	
Cottonwood Elem					C	Custer		0182	
High School or K-12 Distric	ct Responsib	le for Reimburs	sing the Cont	ract	С	ounty		Legal Entity	
Custer County H S	3				C	Custer		0192	
Is this contract shared I ☐ yes ☐ no	between ele	ementary and	high school	ol?					
Are you applying for iso (If yes, please attach ex ISOLATION: Section 20-1	xplanation)		□ No	aburaamant	Studen	t Name	School		Grade
rates for special circumsta increased rates, individual trustees of the district, the Public Instruction. (10.7.11	nces of isolaticircumstance county trans	tion of residences must be revi portation comm	e. In order to ewed and ap littee, and the	o receive oproved by the	Studen	t Name	School		Grade
Check here only if increase District Trustees and the C	ed payment o	due to isolation	has been ap	proved by the	Studen	t Name	School		Grade
Elem District Approval HS District Approval		Initi no no	als			t Name	School		Grade
	yes [no			THIS C Grades	CONTRACT IS FO	<u>OR:</u>		
Parent or Guardian Nat	me: (Please	e Print)				Semester Only	□ 2nd Semester O	nly □ Both Sem	nesters
Physical Address (stree	et address o	only):			Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
,		• /				•	KINDERGARTEN:	nny Bourden	1001010
Distance from home to Elementary 0 Distance from home to Elementary 0 Contract is for one-Noted to Elementary 1 Regular Trans Spec. Ed. Trans	s stop, if any	(one way)	s contract. 9-12 Total	Kinder by this To or fi To or fi Kinder To or fi To or fi PAREI CLERI files.	garten child rid s contract: rom Bus Stop rom School garten child rid rom Bus Stop rom School lines: NTS: Due to Sch	times per day, times per day, times per day, times per day, es without other sch times per day,	days days days days days days days days	per week per week per week per week per week	
Room & Board						RI	EIMBURSEMENT F trict, county and OF		
Correspondence						(For dis	inct, county and Or	Tuse only)	
Reg. Contingency						Reimb	oursement rate is dete 20-10-142, MCA.	rmined by	
Spec. Ed. Contin.							20-10-142, MOA.		
insured driver will trans	ort or provide to port the studen District shall passemester.	ransportation for t tts. Mileage contr ay the parent the	ne student(s) to acts are valid o sum officially a	o and from the school only when transportati pproved in the applica	fter referred to	reported on the contra tion by the teacher or p	n session. The parent or gua act actually occurs. orincipal of the school of the r		
4. This contract shall term Elementary School Dist Cottonwood Elem									
High School District Custer County H S		Chair, Boar	d of Truste	es				Date	
·			I attest	that the above	information is	true and correct.			

Signature - Parent or Guardian Date Address, City, Zip Code Phone Number

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	<u> </u>	Legal Entity	
Moon Creek Ele	em					Custer		0184	
High School or K-12 D		le for Reimburs	ing the Cont	ract		County		Legal Entity	
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	high school	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of residences must be revi portation comm	e. In order to ewed and ap hittee, and the	o receive oproved by the	Stud	dent Name	School	Grade	
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade	
Elem District Approval HS District Approval	□ yes	Initia no no no	als		Stud	dent Name	School	Grade	
County Approval	□ yes	no				S CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly Both Semesters	
Kristy Roberts-F		anlı ():				-kindergarten/Kinder			
Physical Address (s	treet address	oriiy).			□ 1	st Semester Only	2nd Semester On	ly Both Semesters	
Distance from home Elementary 33 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract. 9-12 Total	Kind by the Took Kind Took Took Took PAR	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Schoel ERKS: Send original or for your files. RENTERINTEN	times per day,	days per week days per week ly 1, retain a copy for your lal to OPI by July 10, retain a	
Correspondence Reg. Contingency Spec. Ed. Contin.						,	ursement rate is deter 20-10-142, MCA.		
Agreement between parent (parent name)									
High School District		Chair, Boar	d of Truste	es				Date	
			I attes	t that the above i	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ia, MT 59620	-2501		Du	ie to Schoo	ol Clerk June 1				
Elementary District Res	sponsible for Re	imbursing the	Contract			County	I	Legal Entity		
Moon Creek Ele	m					Custer		0184		
High School or K-12 Di		ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?						
Are you applying for			□ No		Stud	ent Name	School	Grade		
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	0.00		33.133.	5.445		
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand the county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	proved by the	Stud	ent Name	School	Grade		
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade		
Elem District Approval HS District Approval	□ yes □	no	itials			ent Name	School	Grade		
County Approval Parent or Guardian I		no				S CONTRACT IS FO les 1-12	<u>)K:</u>			
	vallie. (Fieas	e Fillit)			□ 1:	st Semester Only	☐ 2nd Semester Only	/ □ Both Semesters		
Mike Osteen Physical Address (st	reet address	only):				kindergarten/Kinder st Semester Only		/ □ Both Semesters		
Distance from home Elementary 25 Distance from home Elementary 0 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	is stop, if an	y (one way)	s contract. 9-12 Total	Kinc by tl To o To o Kinc To o To o Dea PAR CLE files.	nis contract: r from Bus Stop r from School lergarten child ride r from Bus Stop r from School adlines: ENTS: Due to Scho RKS: Send original INTY SUPERINTEN for your files. RE RE RE RE RE RE RE RE RE R	times per day, times	days per week days per week / 1, retain a copy for your I to OPI by July 10, retain a		
(county name) The parties agree as follow 1. The parent shall tra insured driver will tr 2. In March and June, transported for the p 3. The payment shall t	The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date									
High School District		Chair, Boa	ard of Truste	es				Date		
			l attest	that the above	information	is true and correct.			_	
Signature - Parent or	Guardian		1 411051	that the above	ioimation	o nuc anu conect.	Date		_	
J										

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ia, MT 59620	-2501		Du	ie to Scho	ol Clerk June 1				
Elementary District Res	sponsible for Re	imbursing the	Contract			County	I	Legal Entity		
Kinsey Elem						Custer		0187		
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?						
Are you applying for			□ No		Stuc	lent Name	School	Grade		
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement			33.133.	0.000		
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	ual circumstand the county trans	es must be re sportation com	viewed and ap mittee, and the	proved by the	Stuc	ent Name	School	Grade		
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade		
Elem District Approval HS District Approval	□ yes		itials			ent Name	School	Grade		
		no				S CONTRACT IS FO des 1-12	<u>DR:</u>			
Parent or Guardian I	vame: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters					
Terry Haughian Physical Address (st	reet address	only):				kindergarten/Kinder st Semester Only		/ □ Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 6.2 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	s stop, if an	y (one way) De covered by thi 1-8 Total	9-12 Total	Mind To co T	nis contract: r from Bus Stop r from School dergarten child ride r from Bus Stop r from School adlines: EENTS: Due to Scho RKS: Send original UNTY SUPERINTEN r for your files. RE RE RE RE RE RE RE RE RE R	times per day, times	days per week days per week days per week 7 1, retain a copy for your I to OPI by July 10, retain a ATE use only)		
(county name) The parties agree as follow 1. The parent shall tra insured driver will tr 2. In March and June, transported for the p 3. The payment shall t 4. This contract shall t	The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date									
High School District		Chair, Boa	ard of Trustee	es				Date		
			Lattest	that the above	information	is true and correct.				
Signature - Parent or	Guardian		ı allesi	uiai iiie above	iiiioiiiialiofi	is true and confect.	Date			
3										

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620)-2501				r 2005- 2006 ol Clerk June 1			
Elementary District Re	sponsible for Re	eimbursing the C	Contract			County	<u> </u>	Legal Entity	
Kinsey Elem						Custer		0187	
High School or K-12 D	strict Responsil	ole for Reimburs	sing the Cont	tract		County		Legal Entity	
Custer County F	l S					Custer		0192	
Is this contract share □ yes □ no	ed between el	ementary and	high scho	ol?					
Are you applying for	isolation stat	us? □ Yes	□ No		Child	ent Name	Cabaal	Crada	
(If yes, please attack ISOLATION: Section 2	n explanation) 20-10-142, MCA) A. provides for ir	ncreased rein	mbursement	Siud	ent Name	School	Grade	
rates for special circum increased rates, individ	stances of isola	ation of residence	e. In order t	o receive	Stud	ent Name	School	Grade	
trustees of the district, Public Instruction. (10.	the county trans	sportation comm	nittee, and th						
Check here only if incre	eased payment	due to isolation	has been ap	proved by the	Stud	ent Name	School	Grade	
District Trustees and th			nittee.		<u> </u>		Oakaal	0.5-1-	
Elem District Approval HS District Approval		□ no □ no				ent Name	School	Grade	
County Approval	□ yes	no Drint)				S CONTRACT IS FO les 1-12	<u>DR:</u>		
Parent or Guardian	•	e Print)				st Semester Only	□ 2nd Semester Onl	y Both Semesters	
Neena R. Stead Physical Address (s		only).			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
1 Hysical Address (s	irect address	Offig).				·		y 🗆 Both Semesters	
						DERGARTEN/PREI lergarten child ride		age students also covered	
Distance from home Elementary 0	to nearest so HS 16	chool (one way	/)		by th	nis contract:	· 		
Distance from home	ie eton if any	(one way)		Too	r from School	times per day, _	days per week		
Elementary 0	HS 16	is stop, ii arry	(one way)		Тоо	r from Bus Stop	es <u>without</u> other scho times per day, _	days per week	
☐ Contract is for or	ne-way only				Тоо	r from School	times per day, _	days per week	
Students in Each Grade Le	evel - Only include	the students to be	covered by th	is contract.	Dea	ndlines: ENTS: Due to Sch	ool Clark Jupa 1		
	Pre-K	K	1-8	9-12					
	Total	Total	Total	Total	CLERKS: Send original to County Supt by July 1, retain a copy for your files.				
Regular Trans					cou	INTY SUPERINTEN	IDENTS: Send origina	al to OPI by July 10, retain a	
Spec. Ed. Trans						for your files.			
Room & Board					REIMBURSEMENT RATE				
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						Peimh	ursement rate is deterr	nined by	
Contingency Spec. Ed. Contin.						Reinib	20-10-142, MCA.	illiled by	
opoo. Lu. comm.									
Agreement between	parent (pare	nt name)			, and	school district (dist	rict name)	,	
(county name) The parties agree as follow	/s:			County, hereinaf	fter referred	to as the District(s).			
insured driver will to	ansport the stude	nts. Mileage contr	acts are valid	only when transportation	ion for the distar	ice reported on the contra	ct actually occurs.	lian assures that a licensed and	
transported for the	past semester.		•		•	ication by the teacher or p he information accompany	•	mber of days the student(s) was	
	terminate at the er		ar or when the	student(s) is no longe		nool, whichever occurs firs		Date	
Kinsey Elem		·							
High School District Custer County H S		Chair, Boar	a ot Truste	es				Date	
			I attes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ia, MT 59620	-2501		Du	ie to Schoo	ol Clerk June 1				
Elementary District Res	sponsible for Re	imbursing the	Contract			County		Legal Entity		
S Y Elem						Custer		0189		
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?						
Are you applying for			□ No		Stud	ent Name	School	Grade		
(If yes, please attach ISOLATION: Section 2	explanation)	A. provides for	increased rein	nbursement	Olda	CHI Name	CCHOOL	Grade		
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand the county trans	tion of resider ses must be re sportation com	nce. In order to viewed and ap mittee, and the	receive proved by the	Stud	ent Name	School	Grade		
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade		
	□ yes		itials			ent Name	School	Grade		
		no				<u>S CONTRACT IS FO</u> les 1-12	<u>DR:</u>			
Parent or Guardian I	Name: (Pleas	e Print)				st Semester Only	☐ 2nd Semester Only	y Both Semesters		
Bill & Vadnae G Physical Address (st		only):				kindergarten/Kinder st Semester Only		y Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 22 Contract is for or Students in Each Grade Lee Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	s stop, if an	y (one way) De covered by this Total	9-12 Total	Kind by the Too o Too o Kind Too o T	nis contract: r from Bus Stop r from School lergarten child ride r from Bus Stop r from School adlines: ENTS: Due to Scho RKS: Send original INTY SUPERINTEN r for your files. RE RE RE RE RE RE RE RE RE R	times per day,times per day,	days per week da		
(county name) The parties agree as follow 1. The parent shall tra insured driver will tr 2. In March and June, transported for the p 3. The payment shall t 4. This contract shall t	The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date									
High School District		Chair, Boa	ard of Trustee	es				Date		
			l attest	that the above	information	is true and correct.				
Signature - Parent or	Guardian		1 alicol	at the above	o.mation	io and direct.	Date			
-										

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501		Du	e to School	ol Clerk June 1				
Elementary District Res	ponsible for Re	imbursing the	Contract			County	I	Legal Entity		
S Y Elem						Custer		0189		
High School or K-12 Dis	strict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?						
Are you applying for			□ No		Stud	ent Name	School	Grade		
(If yes, please attach ISOLATION: Section 2	explanation)	, provides for	increased rein	nbursement	Oldo	cht rame	Consor	Ciudo		
rates for special circum increased rates, individ- trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	o receive proved by the	Stud	ent Name	School	Grade		
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade		
Elem District Approval HS District Approval	□ yes □	no	itials			ent Name	School	Grade		
County Approval Parent or Guardian 1		no				S CONTRACT IS FO les 1-12	<u>)K:</u>			
	•	5 FIIII()			□ 1:	st Semester Only	☐ 2nd Semester Only	/ □ Both Semesters		
LaDonna Donsb Physical Address (st		only):				kindergarten/Kinder st Semester Only		/ □ Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 6.2 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 se-way only	s stop, if an	y (one way)	s contract. 9-12 Total	Kind by the Too on Too	nis contract: r from Bus Stop r from School lergarten child ride r from Bus Stop r from School adlines: ENTS: Due to Scho RKS: Send original INTY SUPERINTEN r for your files. RE	times per day, tool Clerk June 1.	days per week days per week days per week / 1, retain a copy for your I to OPI by July 10, retain a		
(county name) The parties agree as follow 1. The parent shall trainsured driver will trainsured driver will transported for the parents shall trains contract shall trains contract shall trains and the country is the payment shall trains contract shall train trains contract sh	The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date									
High School District		Chair, Boa	ard of Trustee	es				Date		
		<u> </u>	l attest	that the above	information	is true and correct.			_	
Signature - Parent or	Guardian		1 alicol	at the above	omation	io and direct.	Date		_	
-										

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ia, MT 59620	-2501		Du	e to School Clerk June	1	
Elementary District Res	sponsible for Re	eimbursing the	Contract		County		Legal Entity
S Y Elem					Custer		0189
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract	County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?			
Are you applying for			□ No		Student Name	School	Grade
(If yes, please attach ISOLATION: Section 2	20-10-142, MCA	A, provides for					
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	ual circumstand the county trans	ces must be re sportation com	viewed and ap mittee, and the	proved by the	Student Name	School	Grade
Check here only if incre	·	, ,	,	proved by the	Student Name	School	Grade
District Trustees and th		sportation Con	nmittee.	proved by the			
Elem District Approval		□ no	itials		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT	S FOR:	
Parent or Guardian I	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Or	nly □ 2nd Semester On	ly □ Both Semesters
Linda Bird					Pre-kindergarten/Ki		•
Physical Address (st	reet address	only):				nly	ly Both Semesters
					KINDERGARTEN/F	PREKINDERGARTEN:	
Distance from home Elementary 30	to nearest so	chool (one wa	ay)		by this contract:		age students also covered days per week days per week
Distance from home Elementary 4.5	to nearest bu	ıs stop, if an	y (one way)		Kindergarten child To or from Bus Stop	I rides <u>without</u> other schoo times per day,	ool-age students: days per week
□ Contract is for or	ne-way only				To or from School	times per day,	days per week
Students in Each Grade Le	vel - Only include	the students to I	be covered by thi	s contract.	<u>Deadlines:</u>		
	Pre-K	K	1-8	9-12	PARENTS: Due to	School Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Send or files.	iginal to County Supt by Ju	ly 1, retain a copy for your
Regular Trans							
Spec. Ed. Trans					copy for your files.	NIENDENIS: Send origina	al to OPI by July 10, retain a
Room & Board						REIMBURSEMENT R	ATF
Correspondence					(For	district, county and OP	
Reg. Contingency					Re	eimbursement rate is deter	mined by
Spec. Ed. Contin.						20-10-142, MCA.	
	<u>'</u>	'					
Agreement between	parent (parer	nt name)			, and school district	(district name)	
(county name)	. "	/			ter referred to as the Distri	,	
The parties agree as follow		transportation for		•		ol is in session. The parent or quar	dian assures that a licensed and
insured driver will tr	ansport the studer	nts. Mileage cor	ntracts are valid o	only when transportati	on for the distance reported on the		
transported for the p 3. The payment shall I	oast semester. be computed on th	ne basis of the so	chedule establish	ed in Section 20-10-1	42, MCA, and the information acco	mpanying this contract.	,
4. This contract shall t Elementary School [erminate at the er	nd of the school	year or when the ard of Truste	student(s) is no longe	er enrolled in school, whichever occ	urs first.	Date
S Y Elem High School District		,	ard of Truste				Date
riigii School Distlict		Criali, DU	aid Oi TTUSIE				Date
			I attes	that the above	information is true and corr	ect.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501		Di	ie to School Cle	erk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract		Cour	nty	<u> </u>	Legal Entity	
S H Elem					Cus	ster		0190	
High School or K-12 Di	strict Responsib	ole for Reimbu	rsing the Cont	tract	Cour	nty		Legal Entity	
Is this contract share	ed between el	ementary ar	nd high school	ol?					
Are you applying for			□ No		Student N	lame	School		Grade
(If yes, please attach ISOLATION: Section 2	20-10-142, MCA	, provides for			Old don't it	iamo	3011001		Orado
rates for special circum increased rates, individ	lual circumstand	es must be re	viewed and ap	oproved by the	Student N	lame	School		Grade
trustees of the district, Public Instruction. (10.7)				e Office of					
Check here only if incre				proved by the	Student N	lame	School		Grade
District Trustees and the	Ť	In	itials		Student N	lame	School		Grade
Elem District Approval HS District Approval County Approval	□ yes □	□ no □ no □ no				NTRACT IS FO	nR·		
Parent or Guardian					Grades 1-	-12	☐ 2nd Semester Onl	v 🗆 Doth Co	maatara
Carol J. Crouch						mester Only		у 🗆 Бош Se	mesters
Physical Address (st		only):				rgarten/Kinder mester Only	garten □ 2nd Semester Onl;	y 🗆 Both Se	emesters
					KINDER	SARTEN/PREI	KINDERGARTEN:		
Distance from home	to nearest sc	hool (one wa	ay)		Kinderga by this co		es with other school-a	age students a	ilso covered
Elementary 12	HS 0				To or fron	n Bus Stop	times per day, _	day	s per week
Distance from home Elementary 0	to nearest bu	is stop, if an	y (one way)		Kinderga	rten child ride	times per day, _es <u>without</u> other scho	ol-age studen	ts:
·					To or fron	n School	times per day, _ times per day, _	day day	s per week s per week
☐ Contract is for or Students in Each Grade Le	, ,	the students to I	be covered by thi	is contract.	Deadlin				
	Pre-K	К	1-8	9-12	PARENTS	S: Due to Sch	ool Clerk June 1.		
	Total	Total	Total	Total		Send origina	I to County Supt by Jul	y 1, retain a co	py for your
Regular Trans					files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a				
Spec. Ed. Trans					copy for y		IDENTS: Send origina	ar to OPI by July	y 10, retain a
Room & Board							EIMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						Daimb		uin ad b	
Contingency Spec. Ed. Contin.						Reimb	ursement rate is detern 20-10-142, MCA.	ninea by	
opec. Lu. Contin.									
Agreement between	parent (parer	nt name)					rict name)		······································
(county name) The parties agree as follow				-	fter referred to as				
insured driver will tr	ransport the studer	nts. Mileage cor	ntracts are valid o	only when transportati	ion for the distance rep	orted on the contra	session. The parent or guard ct actually occurs. rincipal of the school of the nu		
transported for the 3. The payment shall	past semester. be computed on th	e basis of the so	chedule establish	ned in Section 20-10-1	142, MCA, and the info	rmation accompany	ving this contract.		
4. This contract shall the Elementary School I	terminate at the en	d of the school		student(s) is no longe	er enrolled in school, w			Date	
S H Elem High School District		Chair. Boa	ard of Truste	es				Date	
		, 500							
Signature Perent	Guardian		I attes	t that the above	information is tru	e and correct.	Data		
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620)-2501			ue to School (
Elementary District Re	sponsible for Re	eimbursing the	Contract		C	ounty		Legal Entity
S H Elem					C	uster		0190
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Conf	tract		ounty		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				
Are you applying for			□ No		Studen	t Name	School	Grade
(If yes, please attack ISOLATION: Section :	20-10-142, MCA	A, provides for						
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	ces must be resportation com	viewed and apmittee, and th	oproved by the	Student	t Name	School	Grade
Public Instruction. (10.	•	J	•		Student	t Name	School	Grade
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the				
Elem District Approval		□ no	tials		Studen	t Name	School	Grade
HS District Approval County Approval	•	□ no □ no				ONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st S	1-12 Semester Only	☐ 2nd Semester Onl	y □ Both Semesters
Duane & Nancy	Baker				Pro_kin	dergarten/Kinder		,
Physical Address (s	treet address	only):						y Both Semesters
					KINDE	RGARTEN/PRE	(INDERGARTEN:	
Distance from home		hool (one wa	ay)		by this	contract:		age students also covered
Elementary 13	HS 0				To or fr To or fr	om Bus Stop om School	times per day, _ times per day,	days per week days per week
Distance from home Elementary 0	to nearest but HS 0	ıs stop, if any	(one way)		Kinder To or fr	garten child ride om Bus Stop	es <u>without</u> other scho times per day, _	ool-age students: days per week
□ Contract is for o	ne-way only				To or fr	om School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by th	is contract.	Dead	lines: ITS: Due to Scho	ool Clark Jupa 1	
	Pre-K	K	1-8	9-12				
	Total	Total	Total	Total	CLERK files.	(S: Send original	to County Supt by Jul	y 1, retain a copy for your
Regular Trans					COUNT	TY SUPERINTEN	IDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans						r your files.		
Room & Board							IMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						Peimbi	ursement rate is deterr	nined by
Contingency Spec. Ed. Contin.						Reinibe	20-10-142, MCA.	nined by
opeo. Lu. comm.								
Agreement between	n parent (parei	nt name)			, and so	chool district (distr	ict name)	· · · · · · · · · · · · · · · · · · ·
(county name) The parties agree as follow	ws.			County, hereinat	fter referred to	as the District(s).		
The parent shall tra	ansport or provide					days when school is in reported on the contract		dian assures that a licensed and
In March and June, transported for the	, the District shall p past semester.	pay the parent the	sum officially a	pproved in the application	ation upon certificati	ion by the teacher or pr	incipal of the school of the nu	mber of days the student(s) was
 This contract shall 	terminate at the er	nd of the school y	ear or when the	student(s) is no longe		nformation accompany I, whichever occurs firs		Ta.
Elementary School S H Elem	District	Chair, Boa	ard of Truste	es				Date
High School District		Chair, Boa	ard of Truste	es				Date
		1	l attes	t that the above	information is t	true and correct.		
Signature - Parent or	Guardian				-		Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

PO Box 202501 Helena, MT 5962	0-2501		Due to School Clerk June 1		
Elementary District Responsible for R	eimbursing the Cor	ntract	County		Legal Entity
S H Elem			Custer		0190
High School or K-12 District Responsi	ble for Reimbursin	g the Contract	County		Legal Entity
Is this contract shared between e □ yes □ no	lementary and h	igh school?	·		
Are you applying for isolation sta		□ No	Student Name	School	Grade
(If yes, please attach explanation ISOLATION: Section 20-10-142, MC	A, provides for incr			Concor	Clado
rates for special circumstances of isol increased rates, individual circumstan trustees of the district, the county tran	ces must be review	ved and approved by the	Student Name	School	Grade
Public Instruction. (10.7.116 ARM pro	vides guidelines fo	r such.)	Student Name	School	Grade
Check here only if increased payment District Trustees and the County Tran		ee.			
Elem District Approval ☐ yes HS District Approval ☐ yes	□ no	• 	Student Name	School	Grade
	□ no		THIS CONTRACT IS FO	DR:	
Parent or Guardian Name: (Pleas	se Print)		Grades 1-12 ☐ 1st Semester Only	☐ 2nd Semester Only	/ □ Both Semesters
Tschida Brown			Pre-kindergarten/Kinderg	parten	
Physical Address (street address	only):		☐ 1st Semester Only		/ □ Both Semesters
			KINDERGARTEN/PRE		
Distance from home to nearest so Elementary 13.5 HS 0	chool (one way)		by this contract:		ge students also covered days per week
Distance from home to nearest b Elementary 0 HS 0	us stop, if any (o	ne way)	To or from School Kindergarten child ride	times per day, _ s without other school	days per week ol-age students:
,			To or from School	times per day, _ times per day, _	days per week days per week
☐ Contract is for one-way only Students in Each Grade Level - Only include	the students to be co	overed by this contract	Deadlines:		
			PARENTS: Due to Scho	ool Clerk June 1.	
Pre-K Total	K Total	1-8 9-12 Total Total	CLERKS: Send original files.	to County Supt by July	1, retain a copy for your
Regular Trans			COLINTY SUBEDINTEN	IDENTS: Sond origina	I to OPI by July 10, retain a
Spec. Ed. Trans			copy for your files.	DENTS. Send ongina	Tto OFT by July 10, retail a
Room & Board				IMBURSEMENT RA	
Correspondence			(For dist	rict, county and OPI	use only)
Reg.			 Reimbi	ursement rate is determ	 nined by
Contingency Spec. Ed. Contin.			_	20-10-142, MCA.	
<u> </u>					
Agreement between parent (pare	ent name)		, and school district (distr	rict name)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(county name) The parties agree as follows:		County, here	einafter referred to as the District(s).		
insured driver will transport the stude	ents. Mileage contract	s are valid only when transp	chool or bus stop on the days when school is in ortation for the distance reported on the contract	ct actually occurs.	
transported for the past semester.	. , .		pplication upon certification by the teacher or pr	·	nber of days the student(s) was
 This contract shall terminate at the e 	nd of the school year	or when the student(s) is no	0-10-142, MCA, and the information accompany longer enrolled in school, whichever occurs firs		I Date
Elementary School District S H Elem	Chair, Board	of Irustees			Date
High School District	Chair, Board	of Trustees			Date
		I attest that the abo	ove information is true and correct.		<u> </u>
Signature - Parent or Guardian				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 ∙na, MT 59620	0-2501								
Elementary District Re	esponsible for R	eimbursing the	Contract			County		Legal Entity		
Twin Buttes Ele	em					Custer		1232		
High School or K-12 D		ble for Reimbu	rsing the Con	tract		County		Legal Entity		
Is this contract sharing of the second of t	red between e	lementary ar	nd high scho	ol?						
Are you applying fo			□ No		Stud	dent Name	School	Grade		
(If yes, please attaction: Section	ch explanation 20-10-142, MC) A, provides for	increased rei	mbursement			3003.	0.440		
rates for special circur increased rates, indivi trustees of the district, Public Instruction. (10	mstances of isologues of color of the county tran	ation of resider ces must be re sportation com	nce. In order to eviewed and a imittee, and the	to receive pproved by the	Stud	lent Name	School	Grade		
,	·	J	ŕ	annoved by the	Stud	lent Name	School	Grade		
Check here only if inc District Trustees and t		sportation Con	nmittee.	oproved by the						
Elem District Approva HS District Approval		□ no	itials		Stud	lent Name	School	Grade		
County Approval	□ yes	□ no				S CONTRACT IS FO	<u>DR:</u>			
Parent or Guardian	Name: (Pleas	se Print)				des 1-12 st Semester Only	□ 2nd Semester Only	y Both Semesters		
Denise Singleto	on				Pre-	kindergarten/Kinder	garten			
Physical Address (s	street address	only):					☐ 2nd Semester Only	y Both Semesters		
					KIN	DERGARTEN/PRE	KINDERGARTEN:			
Distance from home Elementary 12	Distance from home to nearest school (one way) Elementary 12 HS 0					Kindergarten child rides <u>with</u> other school-age students also covered by this contract: To or from Bus Stop times per day, days per week				
Distance from home Elementary 0	e to nearest b	us stop, if an	y (one way)		To o Kin To o	or from School dergarten child ride or from Bus Stop	times per day, _ es <u>without</u> other scho times per day, _	days per week ol-age students: days per week		
□ Contract is for o	ne-way only				100	or from School	times per day, _	days per week		
Students in Each Grade L	evel - Only include	the students to I	be covered by the	is contract.	<u>De</u>	adlines: RENTS: Due to Sch	aal Clark luna 4			
	Pre-K K 1-8 9-12									
	Total	Total	Total	Total	CLE files		I to County Supt by July	y 1, retain a copy for your		
Regular Trans					COI	JNTY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a		
Spec. Ed. Trans					cop	y for your files.				
Room & Board							EIMBURSEMENT RA			
Correspondence						(, e, e, e,		,,		
Reg. Contingency						Reimb	ursement rate is detern	nined by		
Spec. Ed. Contin.							20-10-142, MCA.			
						•				
Agreement betwee	n parent (pare	nt name)			, and	d school district (dist	rict name)			
(county name)		/				to as the District(s).		· · · · · · · · · · · · · · · · · · ·		
The parties agree as follo		transportation for		• • • • • • • • • • • • • • • • • • • •		()		ian assures that a licensed and		
insured driver will	transport the stude	ents. Mileage cor	ntracts are valid	only when transportati	ion for the dista	nce reported on the contra	ct actually occurs.	mber of days the student(s) was		
transported for the	past semester.		•			the information accompany	·	insol of days the stadelik(s) was		
	I terminate at the e	nd of the school		student(s) is no longe		chool, whichever occurs first		Date		
Twin Buttes Elem		,								
High School Distric	t 	Chair, Boa	ard of Truste	ees				Date		
			I attes	t that the above	information	is true and correct.				
Signature - Parent or	r Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	-2501		Du					
Elementary District Re	sponsible for Re	imbursing the (Contract			County		Legal Entity	
Twin Buttes Ele	m					Custer		1232	
High School or K-12 D		le for Reimburs	sing the Cont	ract		County		Legal Entity	
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	high schoo	ol?					
Are you applying for isolation status? ☐ Yes ☐ No (If yes, please attach explanation)						dent Name	School	Grade	
ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)					Stud	dent Name	School	Grade	
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.				Stud	dent Name	School	Grade		
Elem District Approval HS District Approval	□ yes	Initi □ no □ no	ials		Stud	dent Name	School	Grade	
County Approval	□ yes	no				S CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	nly Both Semesters	
Dennis Pluhar Physical Address (s	troot addroos	only):				-kindergarten/Kinder			
Friysical Address (s	lieel address	Offig).				•		nly Both Semesters	
Distance from home to nearest school (one way) Elementary 15 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Regular Trans					KINDERGARTEN/PREKINDERGARTEN: Kindergarten child rides with other school-age students also covered by this contract: To or from Bus Stop times per day, days per week To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week To or from School times per day, days per week To or from School times per day, days per week Deadlines: PARENTS: Due to School Clerk June 1. CLERKS: Send original to County Supt by July 1, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a				
Spec. Ed. Trans					cop	y for your files.			
Room & Board							IMBURSEMENT R rict, county and OP		
Correspondence									
Reg. Contingency						Reimb	ursement rate is deter	mined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agreement between parent (parent name)									
Elementary School Twin Buttes Elem		,						Date	
High School District	·	Chair, Boar	u or rruste					Date	
			I attes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501						
Elementary District Re	sponsible for Re	eimbursing the C	Contract			County	-	Legal Entity
Twin Buttes Ele	m					Custer		1232
High School or K-12 D		ole for Reimburs	sing the Cont	ract		County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for isolation status? ☐ Yes ☐ No (If yes, please attach explanation)						lent Name	School	Grade
ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)					Stud	lent Name	School	Grade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.				Stud	lent Name	School	Grade	
Elem District Approval HS District Approval	□ yes	Initi □ no □ no	als		Stud	lent Name	School	Grade
County Approval	ges	□ no				S CONTRACT IS FO des 1-12	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	nly ☐ Both Semesters
Jennifer Hirsch	ttd	1 \				kindergarten/Kinderg		
Physical Address (s	treet address	only):			□ 1	st Semester Only	2nd Semester Or	lly ☐ Both Semesters
Distance from home to nearest school (one way) Elementary 9 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency					Kine by t To c To c Kine To c To c PAR CLE files	his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho REKS: Send original or for your files. RECTS: RECTS	times per day, times per day, times per day, s without other sch times per day, tool Clerk June 1.	days per week da
Spec. Ed. Contin.							,	
insured driver will to a line with the second secon	vs: ansport or provide transport the studer, the District shall past semester. be computed on the terminate at the en	rransportation for to this. Mileage controlling the parent the ne basis of the school ye	he student(s) to acts are valid o sum officially a edule establish ar or when the	o and from the school only when transportation proved in the applicated in Section 20-10-1-student(s) is no longe	ter referred or bus stop on on for the dista tition upon certi 42, MCA, and	nce reported on the contract	session. The parent or guar tt actually occurs. rincipal of the school of the n ring this contract.	rdian assures that a licensed and umber of days the student(s) was
Elementary School Twin Buttes Elem	District	Chair, Boar	d of Truste	es				Date
High School District		Chair, Boar	d of Truste	es				Date
			I attest	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 59620-2501 Due						e to School Clerk June 1				
Elementary District Res	sponsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity		
Twin Buttes Elei	m					Custer		1232		
High School or K-12 Di		ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?						
Are you applying for			□ No		Stud	ent Name	School	Gra	ade	
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement		5.11.1.10	0011001	5		
rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)					Stud	ent Name	School	Gra	ade	
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.				Stud	ent Name	School	Gra	ade		
Elem District Approval HS District Approval		In no	itials 			ent Name	School	Gra	ade	
		no			THIS CONTRACT IS FOR: Grades 1-12					
Parent or Guardian	Name: (Pleas	e Print)			□ 1:	st Semester Only	□ 2nd Semester Only	√ □ Both Semesters	i	
Linda Austin Physical Address (street address only):						Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
Distance from home to nearest school (one way) Elementary 9						nis contract: r from Bus Stop r from School lergarten child ride r from Bus Stop r from School adlines: ENTS: Due to Sch RKS: Send origina INTY SUPERINTEN r for your files. RE RE RE RE RE RE RE RE RE R	times per day, times per day, times per day, es without other school times per day, times per day,	days per we days p	eek eek eek eek	
insured driver will tr 2. In March and June, transported for the 3. The payment shall	rs: nsport or provide t ansport the studer the District shall p past semester. be computed on th terminate at the en	ransportation for the substitution for the parent the basis of the substitution of the school of the	r the student(s) to tracts are valid o e sum officially a chedule establish	County, hereinaf o and from the school only when transportati oproved in the applicated ed in Section 20-10-1 student(s) is no longer	fter referred I or bus stop on ion for the distartation upon certif 142, MCA, and the startation in	to as the District(s). the days when school is in	session. The parent or guard ct actually occurs. rincipal of the school of the nur ring this contract.	an assures that a licensed and		
High School District		Chair, Boa	ard of Truste	es				Date		
			l attest	that the above	information	is true and correct.				
Signature - Parent or	Guardian		i allesi	a. the above	mornation	is true and contect.	Date			
3										

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 59620-2501 Due						ol Clerk June 1			
Elementary District Resp	onsible for Re	imbursing the	Contract			County		Legal Entity	
Twin Buttes Elem	1					Custer		1232	
High School or K-12 Dis		ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract shared ☐ yes ☐ no	d between ele	ementary ar	nd high schoo	ol?					
Are you applying for i			□ No		Stuc	lent Name	School	Grade	
(If yes, please attach ISOLATION: Section 20	explanation) 0-10-142, MCA	A, provides for	increased rein	nbursement	0.00		0011001	5.445	
rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)						lent Name	School	Grade	!
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.				Stud	lent Name	School	Grade	!	
Elem District Approval HS District Approval	□ yes □	no	itials			lent Name	School	Grade	!
County Approval Parent or Guardian N		no				<u>S CONTRACT IS FO</u> des 1-12	<u>)K:</u>		
	`	,			□ 1	st Semester Only	☐ 2nd Semester Only	/ □ Both Semesters	
Michael & Myrna Haughian Physical Address (street address only):					Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
Distance from home to nearest school (one way) Elementary 25 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.						his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Sch REKS: Send origina or for your files. RECTS: R	times per day, tool Clerk June 1.	days per week days per week days per week / 1, retain a copy for your I to OPI by July 10, retain a	
insured driver will tra 2. In March and June, it transported for the pa 3. The payment shall be 4. This contract shall te Elementary School D Twin Buttes Elem	: sport or provide to sport the studer he District shall past semester. e computed on the rminate at the en	ransportation for this. Mileage corray the parent the basis of the sod of the school o	r the student(s) to tracts are valid o e sum officially ap chedule establish year or when the ard of Trustee	County, hereinaf o and from the school only when transportati oproved in the applicated in Section 20-10-1 student(s) is no longer	or bus stop on on for the dista ation upon certi	to as the District(s). the days when school is in	session. The parent or guard ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and inber of days the student(s) was	,
High School District		Chair, Boa	ard of Trustee	2 8				Date	
			l attest	that the above	information	is true and correct.			
Signature - Parent or G	uardian						Date		